



FOX VALLEY & VICINITY LABORERS

HEALTH AND WELFARE AND PENSION FUNDS

*** UPDATED ***

DATE: February 5, 2025

TO: Retirees and Beneficiaries of the
Fox Valley and Vicinity Laborers Pension Fund

SUBJECT: Annual Certification Information Form and
Suspension of Benefit Information

BOARDS OF TRUSTEES

WELFARE FUND

Employer Trustees

John P. Bryan, Chairman

Steven E. Lamp

Brian T. Rausch

Employee Trustees

Alberto Alfaro

Michael S. Bivins

Brian M. Urso, Secretary

PENSION FUND

Employer Trustees

John P. Bryan, Chairman

Steven E. Lamp

Brian T. Rausch

Employee Trustees

Michael S. Bivins

Brandon J. Sheahan

Brian M. Urso, Secretary

**THIS UPDATED LETTER, PROCEDURE, AND CERTIFICATION FORM,
REPLACES THE PREVIOUS LETTER DATED JANUARY 20, 2025.**

Annually, as a retiree or beneficiary you must provide evidence of existence that you are eligible to receive a benefit and that your benefit is being directly deposited into your account or your check is being properly endorsed by you. Additionally, the Fox Valley and Vicinity Laborers Pension Fund is required to notify all retirees about the rules regarding suspension of benefits.

2025 Annual Certification Information Form:

Please complete and return the enclosed Annual Certification Information Form by April 15, 2025. The certification information form must be signed by you and your signature be witnessed and signed by a Notary Public, your Local Union Business Agent, or by a Plan Representative at the Fund Office. Please note that the witness or notary cannot be a relative.

The completed form and supporting documentation may be returned in person, via fax at (847) 742-4430, via email at pension@fvlab.com, or via mail in the enclosed self-addressed return envelope.

**FAILURE TO RETURN YOUR ANNUAL CERTIFICATION
INFORMATION FORM BY APRIL 15, 2025
MAY RESULT IN A DELAY OF FUTURE BENEFIT PAYMENTS**





FOX VALLEY & VICINITY LABORERS

Fox Valley and Vicinity Laborers Pension Fund 2025 Annual Certification Information

2371 Bowes Road, Suite 500; Elgin, IL 60123-5523

Email: pension@fvlab.com

Fax: (847) 742-4430

Phone: (847) 742-0900

www.fvlab.com

• PENSION RECIPIENT *(please print clearly)*

(Including a widow, a beneficiary, a disability, an ex-spouse collecting under a QDRO, a legal guardian, or an approved Power of Attorney)

First Name: _____ Last Name: _____

Street
Address: _____

City: _____ State: _____ Zip: _____

Phone
Number: _____ FVL ID Number or
Social Security Number: _____

Please check this box if your address or phone number has changed in the last year.

• COMPLETE A or B

A. TO BE COMPLETED BY LABORER PENSION RECIPIENT

YES NO

1. I am receiving my monthly benefit payments.
2. I have read and understand the rules regarding the Suspension of Benefits.
3. I am gainfully employed or have been employed* (full-time or part-time) in the past year.
- If YES, you must also complete the back side of this form.***

**This includes self-employment or employment for a non-contributing employer.*

If you are not sure whether a particular job will cause your benefit to be suspended, please contact the Fund Office IMMEDIATELY at (847) 742-0900, extension 104.

B. TO BE COMPLETED BY SURVIVING SPOUSE / OTHER PENSION RECIPIENT

YES, I am receiving monthly benefit payments.

NO, I am not receiving monthly benefit payments.

• YOUR SIGNATURE MUST BE WITNESSED BELOW:

I UNDERSTAND THAT I MAY BE REQUIRED TO PROVIDE ADDITIONAL DOCUMENTATION TO SHOW THE TRUSTEES THAT I AM NOT ENGAGED IN DISQUALIFYING EMPLOYMENT.

Signature: _____

Date: _____

SUBSCRIBED AND SWORN to before me this
_____ day of _____, 2025

OR

WITNESSED by me this
_____ day of _____, 2025

Notary Public (Signature)

Union Business Agent or Fund Representative (Signature)

Notary Seal Below

PLEASE IMMEDIATELY RETURN THIS FORM TO:

- Fox Valley and Vicinity Laborers Pension Fund
2371 Bowes Road, Suite 500
Elgin, Illinois 60123-5523
- FAX: (847) 742-4430 / • EMAIL: pension@fvlab.com



**FOX VALLEY & VICINITY
LABORERS**

Fox Valley and Vicinity Laborers Pension Fund

2371 Bowes Road, Suite 500; Elgin, IL 60123-5523

Email: pension@fvlab.com

Fax: (847) 742-4430

Phone: (847) 742-0900

www.fvlab.com

RETURN TO WORK FORM

Failure to notify the Fund Office may result in a suspension of your pension payment.

A retiree is required to notify the Fund Office within 30 days upon returning to work, regardless of the number of hours worked or place of employment.

NAME: _____

ADDRESS: _____

SOCIAL SECURITY #: _____

NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

JOB TITLE: _____

JOB DESCRIPTION/DUTIES*: _____

DATE WORK WILL BEGIN: _____

EXPECTED WAGE/SALARY: _____

****A JOB DESCRIPTION FROM THE EMPLOYER MUST BE ATTACHED***

WILL YOU BE PERFORMING WORK AS A:

SUPERINTENDENT:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
SUPERVISOR:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
PROJECT MANAGER:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

Number of hours you will be working per month. (Check one)

Under 10 26-39 11-25 40 or more

Participant's Signature: _____ Date: _____

Fund Office use only:

Approved Denied Reviewed By: _____ Date: _____