

FOX VALLEY & VICINITY LABORERS' PENSION FUND
2371 Bowes Road, Suite 500; Elgin, IL 60123-5523
(847) 742-0900 • TOLL FREE (866) 828-0900 • FAX (847) 742-3440

RETURN TO WORK PACKET

NOTICE TO INTERESTED PARTIES REGARDING SUSPENSION OF BENEFITS.

The Department of Labor issued final regulations regarding the suspension of benefits to a retiree if a retiree returns to certain employment while receiving a pension benefit from the Plan. Your Pension Plan must comply with these regulations.

The following is a summary of these regulations in a question-and-answer format.

WHEN WILL A RETIREE'S BENEFIT BE SUSPENDED?

Once you retire and begin to receive a monthly pension benefit, your monthly benefit will be suspended if you engage in "Disqualifying Employment." Your monthly pension benefit will be suspended one month for each month in which you work 40 or more hours in "Disqualifying Employment." "Disqualifying Employment" is employment in the same Industry, Trade or Craft, and Geographic Area. All paid time shall be considered toward the 40 hours, even if the compensation is for vacation, illness or other incapacity.

"Industry" is defined as the construction industry or any other industry in which employees covered by the Plan had been employed when the participant's pension began.

"Trade or Craft" is defined as a job or occupation in which you use the same skill or skills that you used while in employment under the Plan.

"Geographic Area" is defined as the State of Illinois and/or any other area covered by the Plan when the retiree's pension began. "Geographic Area" also includes any area covered by a reciprocal agreement with the Plan.

Please note that a benefit may be suspended regardless of the employer, if the retiree works in Disqualifying Employment. This means that even if a retiree returns to work for a non-contributing employer, or is self-employed, the pension benefit is subject to the suspension rules.

CAN A RETIREE FIND OUT IN ADVANCE WHETHER OR NOT A BENEFIT WILL BE SUSPENDED?

Before returning to work, a retiree may request an Advance Determination from the Administrative Office as to whether or not a benefit will be suspended. This request must be made on an "Advance Determination of Effect of Employment" form (see attached). A written determination will be sent to you.

WHAT ARE THE RETIREE'S OBLIGATIONS?

A retiree is required to notify the Administrative Office within 30 days after returning to work, including self-employment, regardless of the employer or the number of hours worked.

- A retiree may submit an “Advanced Determination of Effect of Employment” form (see attached) before returning to work.
- A retiree must submit a “Return to Work Form” form (see attached) within 30 days after returning to work.
- Failure to notify the Administrative Office within 30 days after returning to work may result in a suspension of your monthly pension benefit. If the retiree fails to notify the Administrative Office that they returned to work and it is discovered that the retiree is so employed, it will be assumed that the retiree worked at least 40 hours in Disqualifying Employment and their monthly pension benefit will be suspended. The benefit will be resumed when the retiree submits a “Resumption of Benefit” form (see attached) to the Administrative Office.

IF A BENEFIT IS SUSPENDED, WHEN WILL IT BE RESUMED?

If a retiree's benefit is suspended, it will **not** be resumed until you notify the Administrative Office in writing that you have stopped working in Disqualifying Employment, (or are working less than 40 hours a month). A “Resumption of Benefit” form must be completed (see attached). Pension payment will be resumed no later than the first day of the third month after the form is received in the Administrative Office.

WHAT IF I ALREADY RECEIVED A PENSION BENEFIT FOR A MONTH THAT I WORKED 40 HOURS OR MORE IN DISQUALIFYING EMPLOYMENT?

If a retiree fails to notify the Administrative Office about the return to work and the Fund pays a benefit for any month when it should have been suspended, the retiree is liable to the Fund for the overpayment. Overpayment will be recovered by the Fund by reducing future benefits to the retiree until the overpayment has been recovered. Up to 100% of the first pension benefit check, when resumed, may be applied to the overpayment. Thereafter, up to 25% of each pension benefit check may be applied toward reducing the overpayment until it is fully recovered.

WHAT IF A RETIREE DISAGREES WITH THE DECISION TO SUSPEND A BENEFIT?

If a retiree believes that their benefit was suspended in error or any resumption of benefit was improperly reduced to recover a prior overpayment, they may request that the Trustees review the decision in accordance with the Appeal Procedures (see attached).

WHO CAN I CONTACT FOR FURTHER INFORMATION ABOUT SUSPENSION OF BENEFITS?

Contact the Administrative Office regarding these rules or any other question you may have regarding your Pension Plan at (847) 742-0900.

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ADVANCED DETERMINATION OF EFFECT OF EMPLOYMENT FORM

Instructions: Under your Pension Plan, a retiree may request a determination from the Board of Trustees before returning to work as to whether or not a pension benefit will be suspended upon returning to work.

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 FOR WORK IN THE
CONSTRUCTION INDUSTRY (INCLUDING TRUCK DRIVING OR LANDSCAPING
POSITIONS), OR FOR WORK FOR A CITY, COUNTY, STATE, OR NATIONAL
GOVERNMENT BODY.***

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 ☐ 11-25 ☐ 26-39 ☐ 40 or more

Participant's Signature: _____ Date: _____

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Fund Office use only: ☐ Approved ☐ Denied

<input type="checkbox"/> Reviewed By Fund Office	Date: _____
<input type="checkbox"/> Reviewed By Board of Trustees	Date: _____

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RETURN TO WORK FORM

Instructions: A retiree is required to notify the Administrative Office within 30 days upon returning to work, regardless of the number of hours worked or place of employment. Failure to notify the Administrative Office may result in a suspension of your pension payment.

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 FOR WORK IN THE
CONSTRUCTION INDUSTRY (INCLUDING TRUCK DRIVING OR LANDSCAPING
POSITIONS), OR FOR WORK FOR A CITY, COUNTY, STATE, OR NATIONAL
GOVERNMENT BODY.***

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 ☐ 11-25 ☐ 26-39 ☐ 40 or more

Participant's Signature: _____ Date: _____

.....

Fund Office use only: ☐ Approved ☐ Denied

<input type="checkbox"/> Reviewed By Fund Office	Date: _____
<input type="checkbox"/> Reviewed By Board of Trustees	Date: _____

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RESUMPTION OF BENEFIT FORM

Instructions: Under the rules of your Pension Plan, a retiree whose benefit has been suspended must notify the Administrative Office upon stopping working (or working less than 40 hours a month) before a pension payment may be resumed.

1. Name: _____
2. Address: _____
3. Social Security No.: _____
4. Name of Employer: _____
5. Job Description: _____
6. ☐ Working less than 40 hours per month ☐ Stopped Working
7. Date: _____

Participant's Signature: _____

After this information has been confirmed by the Fund Office, your monthly benefit payment will be resumed.

Month Benefit will Resume: _____

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Fund Office use only: ☐ Approved ☐ Denied

<input type="checkbox"/> Reviewed By Fund Office	Date: _____
<input type="checkbox"/> Reviewed By Board of Trustees	Date: _____

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APPEAL PROCEDURE

Your Board of Trustees has appointed an Appeal Review Committee to hear all requests for appeal of benefits which have been denied, in whole or in part. To request a hearing, you or your duly authorized representative, must make a request, in writing, and deliver it in person, or by registered or certified mail to:

Board of Trustees
Fox Valley & Vicinity Laborers' Pension Fund
2371 Bowes Road, Suite 500
Elgin, IL 60123-5523

The request must be made within 60 days of the date you received the notice of denial of your claim.

Once your request has been received, you will be advised of the date and time of the hearing. You or your representative may attend the Appeal Review Committee Hearing. If you do not wish to attend, you may submit, in writing, issues and comments for consideration. The Appeal Review Committee will make their decision based on all documents, information and any other material received. Any request for continuance of the hearing must be received in writing prior to the hearing date and will be granted only in cases where special circumstances exist warranting such action.

Your appeal will be reviewed by the Appeal Review Committee within 60 days (120 days if special circumstances exist, which require an extension of time or if you request a continuance of the hearing) from the date your request for review was received by the Appeal Review Committee.

Once a hearing has been scheduled, you or your representative has the right, upon reasonable notice to the Appeal Review Committee, to review all pertinent documents, information and any other materials relevant to your claim for benefits.

If you have any questions regarding this appeal procedure, please contact the Administrative Office.