REQUEST FOR STATUS INFORMATION

Mail to: National Electrical Benefit Fund
2400 Research Blvd Suite 500
Rockville MD 20850-3266

or Fax to: (301)869-4322

INSTRUCTIONS:

1. **Please type or print clearly.**
2. **Check to see that all required information has been entered on the form.**
3. **Please don't forget to sign the form.**

The NEBF and IBEW are two separate and distinct funds. NEBF is based upon years of employment with covered employers and IBEW is based upon years of union membership.

In order to determine if you are 100% vested in the NEBF plan and if you would be eligible to receive an NEBF pension benefit upon your retirement, please sign below.

Please be advised that the information provided will be based only on our records from 1965 forward.

SSN

___ - __ - ____

First Name **M I**

Last Name

Address, Line 1

Address, Line 2 (If Needed)

City **State** **Zip**

Date of Birth **Telephone Number**

__ / __ / ____ (___) - ___ - ____

Signature **Date** __ / __ / ____

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