

**BUFFALO LABORERS' PENSION FUND**  
**25 Tyrol Drive, Suite 200 Cheektowaga, NY 14227**  
**Request for Resumption of Pension Benefits**  
*(Participants age 65 and older)*

To: Buffalo Laborers Pension Fund  
25 Tyrol Drive, Suite 200  
Cheektowaga, New York 14227  
Attn: Fund Administrator

Dear Fund Administrator:

Please be advised that I, \_\_\_\_\_, terminated employment with

**(Print Name)**

\_\_\_\_\_ located at \_\_\_\_\_.

**(Print Name of Employer)**

**(Insert employer's address)**

My last day of work was \_\_\_\_\_

**(Insert date)**

I worked for that employer during the month(s) of \_\_\_\_\_

for 40 or more hours.

**(Insert month(s))**

Please start to send to me my monthly pension checks again, commencing the later of \_\_\_\_\_, \_\_\_\_\_ or the first day of the third calendar month after the month in which I ceased Disqualifying Employment (as defined in the Pension Fund's summary plan description), less any amounts, if any, that should be offset for months that I worked in Disqualifying employment for 40 or more hours and collected a pension check.

Sincerely,

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print name**

\_\_\_\_\_  
**Social security number**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Telephone number**