

**BUFFALO LABORERS' PENSION FUND**  
**25 Tyrol Drive, Suite 200 Cheektowaga, NY 14227**

**REQUEST FOR RESUMPTION OF MONTHLY PENSION BENEFITS**  
*(Participant under age 65)*

TO: Buffalo Laborers' Pension Fund  
25 Tyrol Drive, Suite 200  
Cheektowaga, NY 14227  
Attn: Fund Administrator

Dear Fund Administrator:

Please be advised that I, \_\_\_\_\_, terminated employment with  
*(Insert Name)*

\_\_\_\_\_ whose address is \_\_\_\_\_.  
*(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 \_\_\_\_\_.  
*(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 Funds' summary plan description), less any  
amounts, if any, that should be offset for months that I worked in Disqualifying Employment and  
collected a pension check.

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number