

**UNITED ASSOCIATION NATIONAL PENSION FUND  
EMPLOYMENT HISTORY INSTRUCTION SHEET (OPTIONAL)**

Participant's Name: \_\_\_\_\_

Last 4 digits of Social Security Number: \_\_\_\_\_

This form is for you to provide the United Association National Pension Fund ("Fund") with employment information for which we do not have any records. We suggest you start by reviewing your Annual Statement from the Fund. You may obtain your last Annual Statement from our website <https://secure.uanpf.org/ParticipantDocuments/> if you worked in Covered Employment and received a statement in 2005 or later. Otherwise, you may obtain a Contribution History Report from the website at the same address, or you may call the Fund to request one.

**If you agree with the employment information we have in our records as shown on the Annual Statement and/or the Contribution History Report, you do not need to complete this form. If something is missing or there is something you are not sure about, please let us know about it by completing this form.**

Here are some examples of reasons to complete this form:

1. Sometimes we do not have a record of a period of Future Service Credit, which consists of hours for which employer contributions were due to the Fund, because your hours were not reported to us. If you believe any such hours are missing from our records, please complete this form.
2. We also need to know about your employment in the plumbing and pipefitting industry for periods before your employers became obligated to contribute to the Fund. Such employment might count as Past Service Credit if the Plan's requirements are met. If you worked in the industry before your employer was required to contribute to the Fund, please complete this form.
3. If any of your work was self-employment in the plumbing and pipefitting industry, please complete this form.
4. Follow the instructions below and complete the form if you worked out of a local for which we do not have records. For example, if your work history began prior to your local participating in the Fund, or if you traveled to a non-participating local that started participating in the Fund at a later date.

**INSTRUCTIONS:** In the space provided on this form, indicate your employment or self-employment in the plumbing and pipefitting industry for which the Fund does not have any records as described above for each Calendar Year from the first Calendar Year in which you worked at the trade even if that work was prior to your initiation date in the U.A. Provide the requested information on a separate line for each of the following:

- Work performed in each Calendar Year for each employer within each local union jurisdiction.
- Work performed within two or more local jurisdictions (a separate line for each) during the same Calendar Year.
- Work performed in more than one Calendar Year (a separate line for each) for a single employer.
- Work performed in self-employment in the plumbing and pipefitting industry in each calendar year.

For Example:

Calendar Year Worked	Local Jurisdiction or Location	Employer Name	Number of Months Worked for Employer within Calendar Year
1970	116	Joe's Mechanical Contractor	12
1971	116	Joe's Mechanical Contractor	4
1971	Boise, ID	Samson's Piping	3
1972	139	Samson's Piping	4

To assist you in completing this form, you may need to refer to your yearly W-2 statements or your local health and welfare, pension or other fringe benefit fund records to identify the employers for whom you worked. Or you may contact your local Social Security Administration Office to obtain Form SSA-7050-F3 to request your employment information. Any cost incurred for obtaining this information from the Social Security Administration will be your responsibility. You should first confirm the information the Fund has on file, as you do not need to provide that same information. You do need to identify any work in self-employment.

<b>United Association National Pension Fund Mailing Address:</b>
<b>United Association National Pension Fund 103 Oronoco St. Alexandria, VA 22314</b>
<b>Questions 1-800-638-7442 extensions 4729 or 4726</b>

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