

# Southern Alaska Carpenters Retirement Plan

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Administered by  
Labor Trust Services, Inc.

## RETURN TO RETIREMENT

In Accordance with Section 6.6 of the Plan: "For any early retirement, in order to be considered retired, a Participant shall withdraw and completely refrain from any Post-Retirement Service until normal retirement age. If a Participant shall retire and shall subsequently perform 40 or more hours of Post-Retirement Service in a calendar month, he or she shall not be entitled to a Retirement Income payment for that month and such Retirement Income payment shall be forfeited.

The term "Post Retirement Service," for purposes of this Section 6.6 shall mean all employment:

- a) Within the geographic area covered by the Plan which, for purposes of this Section, consists of the State of Alaska below the 63<sup>rd</sup> parallel;
- b) in any trade in construction industry; or
- c) if the Participant is age 53 or more but less than 60 years of age, in a skill or skills, learned during a significant period of training or practice, which is applicable in occupations in the construction industry and is similar to those set forth in a Collective Bargaining Agreement, or in a supervisory position over such skill or skills. This provision shall be construed broadly and shall include occupations such as inspecting, estimating, instruction, etc.

Retirement Benefits will resume effective with the month following your re-retirement, provided you were not overpaid, in which case benefits can be withheld up to three months and thereafter reduced by 25% until the total overpayment has been collected. In the event a Participant returns to Covered Hours of Employment additional Credited Future Service shall be earned and recalculated once per year at the end of the Plan Year in which such benefits are earned.

**\*\*\*NOTICE\*\*\* Benefits will not be reinstated without completion of this form.**

Retirement Account No.	Name of Retiree	Social Security Number
_____	_____	_____
Hire in Date	Termination Date	Employer Name
_____	_____	_____
_____	_____	_____
_____	_____	_____

This form or a facsimile thereof also allows the Administrator to verify any or all information provided by me. I authorize the employer(s) listed above to release information regarding my position held and/or Hours of work performed for them.

\_\_\_\_\_  
Signature of Retiree

\_\_\_\_\_  
Date of Signature