

**IBEW Local #347
Retirement and 401(k) Plan
Statement of Employment**

Please provide the information requested below for all employment (*both signatory and non-signatory work that you have engaged in during the past 12 months.*) You must attach a copy of your Form W-2 for the 12 months immediately preceding your date of application, as well a copy of your most recent paystub.

1 – Name of Employer: _____

Type of Business: _____

Address: _____

Dates Employed: _____

Job Duties: (list specific job duties) _____

2 – Name of Employer: _____

Type of Business: _____

Address: _____

Dates Employed: _____

Job Duties: (list specific job duties) _____

I understand that pursuant to Page 14 of the Summary Plan Description, the Trustees have the right to recover any benefit payments made in reliance on any willfully false or fraudulent statement, information or proof submitted by a Participant.

Participant's Signature _____ Date _____

Participant's Name (Print) _____

If you have additional employers that you need to include please attach them to this form.