

**MICHIGAN ELECTRICAL EMPLOYEES' PENSION FUND  
6525 CENTURION DRIVE  
LANSING, MI 48917-9275  
(517) 321-7502 • Fax (517) 321-7508**

**REQUEST FOR DETERMINATION OF ESTIMATED PENSION BENEFIT**

Member's Name: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Check here if this is a new address

Present Local Union Number: \_\_\_\_\_

Date initiated into present Local Union: \_\_\_\_\_

Have you ever worked in the jurisdiction of another Local Union?                      Yes                      No

If yes, please identify the Local Union(s) as follows: (If insufficient space, please continue on back)

Local Union No. \_\_\_\_\_ Craft \_\_\_\_\_ City \_\_\_\_\_ Year(s) \_\_\_\_\_

Local Union No. \_\_\_\_\_ Craft \_\_\_\_\_ City \_\_\_\_\_ Year(s) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Spouse's name \_\_\_\_\_ and date of birth (if living): \_\_\_\_\_

Have you ever been divorced?                      Yes                      How many times? \_\_\_\_\_                      No

If Yes, please send complete copies of all final Judgments of Divorce, with all attachments.

Are you "totally and permanently" disabled?                      Yes                      No

If Yes, what is your Date of Disability? \_\_\_\_\_

Having completed the above information, what type of information do you want the Fund Office to prepare and send to you and your Local Union?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_