

SEAFARERS PENSION PLAN

5201 Capital Gateway Dr.
Camp Springs, Maryland 20746
(301) 899-0675

Margaret R. Bowen
Administrator

Re: Suspended Pension Benefit

Dear Pensioner:

Our records indicate that you were receiving a monthly pension benefit from the Seafarers Pension Plan ("Plan") but your benefits were suspended because you have several stale dated checks. In order to reinstate your pension benefits, the Plan requires you to complete the enclosed Reinstatement Certification Form in the presence of a Notary Public or an authorized SIU/Plan Representative at your local port.

Please return a signed and notarized copy of this form by e-mail: pensions@seafarers.org; fax: (301) 702-6074; or mail: Pension Department, 5201 Capital Gateway Drive, Camp Springs, MD 20746.

If you have any problems completing this form or have any questions regarding this notice, contact the Pension Department at (800) 252-4674 (Option 2) or pensions@seafarers.org. Additional information regarding the Plan is available at www.seafarers.org/plans.

Sincerely,

Margaret R. Bowen
Administrator



SEAFARERS PENSION PLAN

REINSTATEMENT CERTIFICATION FORM

Instructions

This form is for you to verify your pension benefits and change the status of your pension from suspended to active.

Fill out the entire form, provide any required documents, and remember to sign and date it in front of a Notary Public or Plan Representative. Return your completed form to the Plan by email, fax, or mail.

More information about your benefits, visit us online at www.uiwunion.org/forms, which is immediately updated whenever there is a benefit change.

Contact Us

If you need any assistance with the form or information regarding your benefits, contact the Pension Department at pensions@seafarers.org or (800) 252-4674 (Option 2). Please return your completed form to:

Email: pensions@seafarers.org

Fax: (301) 702-6074

Mail: Pension Department
5201 Capital Gateway Drive
Camp Springs, MD 20764

SECTION 1 Suspended Pensioner Information

Full Name:			SSN or ITIN: XXX-XX-	DOB:
Address Line 1:			Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)	
Address Line 2:			Cell Phone:	Home Phone:
City:	State:	Zip Code:	Email:	

Attention: Does someone else legally act on your behalf?

If someone else is legally authorized to act on your behalf, please complete Section 2 and provide a copy of the following document(s):

Power of Attorney (POA)

Letter of Guardianship

SECTION 2 Power of Attorney (POA) or Guardian Information

POA or Guardian Full Name:			Relationship:	
Address Line 1:			Cell Phone:	
Address Line 2:			Home Phone:	
City:	State:	Zip Code:	Email:	

SECTION 3 MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC OR PLAN REPRESENTATIVE

SECTION 3 Suspended Pensioner Authorization

I certify that the above information is true and correct and I have provided this information with the understanding the Seafarers Pension Plan will rely on the information for verification of benefits under the Rules and Regulations of the Plan.

Suspended Pensioner Signature:	Date Signed:
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SECTION 4 Verification by Notary Public or Plan Representative

On this the ____ day of _____, 20____, before me, _____, the undersigned, personally appeared _____, satisfactorily proven to be the person named in and personally signed, sealed, and delivered this Reinstatement Certification Form as his or her act and deed.

Notary Public or Plan Representative Signature:	Date Signed:
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