

# Cement Masons and Plasterers Trust Funds

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Administered by  
Welfare & Pension Administration Service, Inc.

## RETURN TO WORK PROVISIONS

Amended Article III, Section 3 of the Retirement Plan states, effective April 1, 1997 “In order to be considered retired, an Employee must separate and completely refrain from any **post-retirement service**,” subject to the following return to work rules for Early, Special Early and Normal Retirement:

1. If an Employee takes Early or Special Early Retirement from this Plan, the Retiree shall be entitled to be employed in “post-retirement service” a maximum of **500** hours in each Plan Year (April 1-March 31) after a period of retirement of not less than thirty (30) days. **If a retiree becomes employed in “post-retirement service” for one (1) hour or more in any Plan Year after completing 500 hours of “post-retirement service” in that Plan Year, the Retiree’s retirement income payments shall be suspended for any calendar month he is so employed and for an additional six (6) months before payments are resumed.**
2. An Employee who takes Normal Retirement or who has taken Early Retirement, and has attained age 63 under this Plan shall be entitled to complete 350 hours of “post-retirement service” in each Plan Year and up to forty and one-half (**40½**) hours of “post-retirement service” in each remaining calendar month, before retirement benefits are suspended.

Any additional Credited Future Service benefits earned during “post-retirement service” shall be added to the prior retirement benefits. An Early Retiree who returns to work as defined above will receive an adjustment to his age based on the number of months he was reemployed. This age adjustment will occur only after your first period of reemployment.

Retirement benefits will resume the month following your reemployment, provided you were not overpaid, in which case benefits can be withheld up to three (3) months and thereafter reduced by 25% until the total overpayment has been collected.

To determine the reinstatement date of your benefits, please complete the form below and return it to this Office as soon as you have ceased active employment.

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

Name of Retiree (please print)	Social Security Number	Retirement Account No.

Hire-in Date	Termination Date	Employer Name	Employer Phone

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

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