{CurrentDate}

{x lstrEmployerName}

{x lstrAddress1}

{x lstrAddress2}

{lstrCity1} {lstrState} {lstrPostalCode}

To Whom It May Concern:

We are in the process of reviewing the Motion Picture Industry Pension Plan (the “Pension Plan”) and the Motion Picture Industry Individual Account Plan (the “IAP”) (collectively, “MPI”) benefits of the participant named below, and we ask your assistance in verifying which period(s) the hours below were actually worked.

Thank you for your attention to this matter. Your prompt response is appreciated. If you have any questions, you may contact me directly at (818 or 310) 769-0007, extension {qu Ext}.

Sincerely,

{stdLoggedInUserFullName}

Retirement Benefits

Employee Name: {stdMbrFullNameInProperCase}

Social Security Number: \*\*\*-\*\*- {stdMbrLastFourDigitsOfSSN}

|  |
| --- |
| **Hours Reported Week-Ending Date** |
| {tb tblHoursReported} |

(Please circle Yes or No, whichever is applicable)

Please specify when and how many hours actually worked below (not period ending date):

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

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

What was {stdMbrFirstName}’s last date of actual work (not period ending date)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of respondent Title

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

Telephone Number Fax Number