|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Participant’s Name**  {stdMbrFullNameInProperCase} | | **MPID** {stdMbrParticipantMPID} | | **Contact Number** |
| **Employer Name** | **Re-employment Start Date** | | **Estimated Hours Per Payroll Month** | |
| **Job Classification** |  | | **Union Local Number** | |

Completion of this form shall serve to notify the Motion Picture Industry Pension Plan (“Pension Plan”) and Motion Picture Industry Account Plan (“IAP”) (collectively “the Plans”) that I will resume work in the motion picture industry (the “Industry”) on the above-referenced Re-employment Start Date.

**I understand that:**

* If I accept work (“re-employment”) in the Industry during the first two calendar months of my retirement, distribution of my IAP benefit will be deferred and my monthly Pension Plan payments will be suspended until I have completed two consecutive calendar months during which no Industry work was performed.
* The Pension Plan permits no employment in the Industry the first two months following retirement.
* Re-employment for **50 or more hours** in a Payroll Month\* will cause suspension of my monthly Pension Plan payments (this is referred to as a Month of Suspendible Service).
* In order to recommence my monthly Pension Plan payments, I must submit an *End of Re-employment Notification Form* **after** my period of re-employment has ended.
* Monthly Pension Plan payments will typically resume within 90 days after the date the Pension Plan has verified I have stopped working in the Industry (i.e., two consecutive Non-Suspendible months).
* My monthly pension payment will be re-evaluated for any adjustments necessary as well as any overpayments or underpayments during my period of re-employment.
* The Plans have a fiduciary responsibility to recover any overpayments resulting from my period of re-employment.
* If I retired with an Unreduced Early Retirement Pension, re-employment for 400 or more hours in any Computation Year\*\*, prior to reaching age 65, will cause forfeiture of my monthly Pension Plan benefits until the month following my 65th birthday.

**ACKNOWLEDGEMENT**

In signing this Re-employment Notification Form, I acknowledge that I understand returning to work in the Industry for 50 or more Credited Hours in a Payroll Month following my retirement will affect my monthly Pension Plan benefit. I also understand that I am responsible for reimbursing the Pension Plan for any overpayments that occur due to re-employment.

Participant’s Signature Date