

Local 710 Health, Welfare and Pension Funds



UNION TRUSTEES:

Michael J. Cales, Co-Chairman
Delmar R. Schaefer
Neil J. McKinney

EMPLOYER TRUSTEES:

Samuel D. Pilger, Co-Chairman
Gary F. Caldwell
Daniel G. Hoyer

9000 W. 187TH STREET, SUITE 200
MOKENA, ILLINOIS 60448
TELEPHONE 773/254-2500
www.710hwp.org



February 2026

Dear Pensioner or Surviving Spouse or Alternate Payee:

The Pension Trust Fund requires this office to maintain a current certification from all members, surviving spouses and alternate payee's receiving a pension benefit. This certification must be properly completed in its' entirety and returned to Local 710 Pension Fund at the above address. **FAILURE TO COMPLY WITH THIS REQUEST WILL REQUIRE THE TRUSTEES OF THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS LOCAL 710 PENSION FUND TO SUSPEND YOUR PENSION PAYMENTS.** Therefore, you must return this certification within 30 days.

You are also reminded that if you are a retired participant you must notify this office within fifteen (15) days if you become employed. **PLEASE COMPLETE (1) IF YOU ARE A RETIRED PARTICIPANT. COMPLETE (2) IF YOU ARE A SURVIVING SPOUSE. COMPLETE (3) IF YOU ARE AN ALTERNATE PAYEE.**

(1) CHECK EITHER (a) or (b) AND COMPLETE FORM

- (a) I hereby certify that I am a pensioner of the Local Union No. 710 Pension Plan, and further, that I am no longer employed in any capacity: (1) in the trucking industry (union or non-union); (2) in any business which is under the jurisdiction of Local Union No. 710; or (3) in the same or related business as any contributing employer.
- (b) I hereby certify that I am a pensioner of the Local Union No. 710 Pension Plan and have attained age 70¹/₂.

I hereby affix my signature as to the validity of this statement on the _____ day of _____ 20____.

Print Name: _____ Social Security Number: _____

Signature: _____

Address: _____ City _____ State _____ Zip Code _____

Area Code - Phone Number: _____

(2) I hereby certify that I am a surviving spouse of a retired employee. _____
the _____ day of _____ 20____. Member (Retired Participant) Social Security Number

Print Name: _____ Social Security Number: _____

Signature: _____

Address: _____ City _____ State _____ Zip Code _____

Area Code - Phone Number: _____

(3) I hereby certify that I am an alternate payee of a Local 710 member. _____
the _____ day of _____ 20____. Member (Retired / Participant) Social Security Number

Print Name: _____ Social Security Number: _____

Signature: _____

Address: _____ City _____ State _____ Zip Code _____

Area Code - Phone Number: _____