

Heating, Piping and Refrigeration Pension Fund

Physical Address: 8700 Ashwood Dr. Suite 150, Capitol Heights, MD 20743

Phone: (410) 444-3756 or (800) 618-2879 • Fax: (240) 303-2484 • Website: HPRBenefitFunds.com

Administered by
Welfare & Pension Administration Service, Inc.

Disqualifying Employment

In accordance with Section 7.07 of the Plan and Section 2530.203-3 of the Department of Labor regulations, payment of your pension will continue for only as long as you do not return to work in Disqualifying Employment. The Fund may, at any time, require proof from you of your continued entitlement to a pension benefit.

Disqualifying Employment before age 62 is any employment or self-employment in the type of work regularly performed by employees represented by the United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry or one of its affiliated local unions, or any employment or self-employment in the plumbing, heating, piping and refrigeration industry for employers or businesses that are non-union; that is they are not signatory to a collective bargaining agreement with the United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of the United States and Canada or one of its affiliated local unions. Your retirement benefits will be suspended for any month you are employed in such work.

Disqualifying Employment after age 62 is employment or self-employment in the heating, piping and refrigeration industry or any other industry covered by the Plan when your pension began, in an occupation in which you worked under the Plan, and in the geographical area covered by the Plan (Maryland, Virginia, the District of Columbia or any other state or province of Canada where contributions are required to be made by an employer to the Plan).

After Normal Retirement Age, if you earn more in a year than is allowed by Social Security prior to a reduction in benefits, your monthly benefit will be suspended for any month in which you worked, or were paid, for at least 40 hours in Disqualifying Employment after you have reached the maximum amount. Notwithstanding the above rule, if you engage in Disqualifying Employment for an employer or business that is not signatory to a collective bargaining agreement with the United Association of Journeymen and Apprentices in the Plumbing and Pipefitting Industry of the United States and Canada or one of its affiliated local unions, this subsection will be applied without regard to whether or not the Participant earns more than the maximum allowed by Social Security without a reduction in benefits.

You are required to notify the Fund Office, in writing, within 30 days after taking a job in Disqualifying Employment. If your benefits are suspended, you will be notified by personal delivery or first-class mail during the first calendar month in which payments are withheld. If you fail to give written notice within the 30-day period, or if you willfully misrepresent your return to Disqualifying Employment, your monthly benefit will be suspended for an additional six months. The six-month penalty does not apply after your 62nd birthday.

If you are not sure whether certain employment would be considered Disqualifying Employment, you may request the Fund to make a determination as to whether the employment you are considering would result in a suspension of your benefits. Such requests must be made in writing.

Once you stop working in Disqualifying Employment you must again notify the Fund Office, in writing, of the date when such work ceased. Your pension will resume for the month after you stop this work, but there may be a delay of up to three months before your next check arrives.

If you receive a suspension notification from the Fund which you believe to be in error, you may make a written appeal requesting that the Trustees review this action. Your appeal must be in writing and must be made within 180 days of the notice of suspension.

Name of Retiree	Social Security Number	Phone Number	Email Address
Hire-in Date	Termination Date	Employer Name	Employer Phone Number
1.			
2.			

Date of Signature

Signature of Retiree

