

**UFCW - Giant
Variable Annuity Fund**

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (410) 683-6500
(800) 638-2972
www.associated-admin.com

8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361
Telephone: (301) 459-3020
(800) 638-2972
www.associated-admin.com

Dear Participant:

Please complete the enclosed form as accurately as possible and return it to:
Fund Office
UFCW – Giant Variable Annuity Fund
911 Ridgebrook Road
Sparks, MD 21152-9451

Upon receipt of this form, we will process the information. (It generally takes six to eight weeks for us to complete our research.) We will respond to you in writing. Once you receive our response, we will be happy to answer any questions you may have.

Sincerely,

Fund Office
Pension Department

Enclosure

**Food Employers Labor Relations Association
and United Food & Commercial Workers
Pension Fund**

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (410) 683-6500
(800) 638-2972
www.associated-admin.com

4301 Garden City Drive Suite 201
Landover, Maryland 20785-6102
Telephone: (301) 459-3020
(800) 638-2972
www.associated-admin.com

BENEFIT SERVICE REQUEST FORM

Giant VAF Bene Service Request Form dps 09.2023

UFCW - Giant Variable Annuity Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (410) 683-6500
(800) 638-2972
www.associated-admin.com

8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361
Telephone: (301) 459-3020
(800) 638-2972
www.associated-admin.com

BENEFIT SERVICE REQUEST FORM

Please Print

Name _____ Male Female Soc. Sec. No. _____

Maiden Name or Name by any other marriage(s) _____

Street Address _____

City _____ State _____ Zip _____

Phone (____) _____ Birth Date _____ Marital Status _____ Email _____

Company Name & Location _____ Current Job Class _____

(If more than one job classification, please list with dates on the reverse of this form.)

Hire Date _____ Local Union No. _____

Are you still employed at this company? Yes No If No, Last Date Worked _____

Note: Requesting this information does not guarantee that a benefit is available.

(Estimates will be provided upon request once per year.)

Have you ever received an estimate before? (Circle one) YES NO

(1) Month and year of full time employment? _____ Part time? _____

(2) Dates of prolonged sick leave (3 weeks or more) during your career? _____

(3) Dates you collected Workers Compensation during your career? _____

(4) Dates of breaks in service due to military leave? _____

(5) Dates you were in management (or other service outside the bargaining unit)? _____

(6) Previous employers:

Company/Location	Mo/Yr Hired	Mo/Yr Terminated	Full/Part Time	Local	Job Classification
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I hereby authorize any of the above listed employers to release my employment history to the office of the Plan Administrator of the UFCW – Giant Variable Annuity Fund.

Signature _____ Date _____

Office Use Only

CP Filed _____ ER Sent _____