IF YOU HAVE QUESTIONS WITH REGARDS TO YOUR PENSION SERVICE WITH LOCAL 1500 PLEASE COMPLETE THE INFORMATION BELOW. EITHER GIVE COMPLETED FORM TO YOUR UNION REPRESENTATIVE OR MAIL IT TO:

U.F.C.W. LOCAL 1500
425 MERRICK AVENUE
WESTBURY, NY 11590
ATTN: LEONORA CIOFFALO – PENSION DEPARTMENT
516-214-1330

NAME:_____

ADDRESS:_____APT NO:_____

CITY:_____STATE_____ZIP CODE_____

PHONE: AREA CODE:_____NUMBER_____

SOCIAL SECURITY NO:_____

YOUR QUESTION:_____
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