



Dear Retiree,

We are reaching out as part of a routine process to confirm that you remain eligible to receive your pension benefits from the **Chicago Painters Pension Fund**. This verification is required to comply with federal regulations and internal plan rules that help ensure pension funds are distributed only to eligible recipients.

Enclosed with this letter is a **Vital Status Verification Form**. Please complete this form and return it to us within **45 days** of the date of this letter. The form must be:

- **Signed by you**, and
- **Signed by a witness** who can confirm that you are living.

This information is used to confirm your continued eligibility and to ensure we are meeting our legal and regulatory responsibilities. If we do not receive the completed form within 45 days, we will be required to **suspend your pension benefits**.

Return the completed form to:

Chicago Painters Pension Fund
8205 S. Cass Ave, Suite 102
Darien, IL 60561
pension@pdc14benefits.com

If you have questions or need help, call us at **630-960-5572**.

Thank you for your help.

Sincerely,

PDC14 Benefits Office

**8205 South Cass Ave, Suite 102
Darien, IL 60561**

Vital Status Verification Form

Please fill out this form to show that you are still living. You must sign this form, and a **witness** must also sign it. Send it back within **45 days** or your pension payments will stop.

Section 1: Pension Recipient Information

Full Name: _____ **Date of Birth:** _____

Last 4 Digits of SSN: ____ ____ ____ ____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone Number: _____

Email (if any): _____

Section 2: Certification by Pension Recipient

I confirm that I am alive and still eligible to receive my pension payments from the Chicago Painters Pension Fund.

Signature: _____

Date: _____

Section 3: Witness Information and Signature

The person signing below confirms they saw the pension recipient sign this form and that the person is alive as of today.

Witness Full Name: _____

Witness Phone Number: _____

Relationship to Pension Recipient: _____

Date Witnessed: _____

Witness Signature: _____