

Michigan Conference of Teamsters Welfare Fund

Serving Teamster families since 1949

UNION TRUSTEES

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Executive Director

Richard Burker

EMPLOYER TRUSTEES

Howard McDougall
Raymond J. Buratto
Earl D. Ishbia
Robert W. Jones

NOTIFICATION OF CHANGE IN PARTICIPANT EMPLOYMENT STATUS

This is to inform you that _____,
(Participant/Employee's Name - Please Print)

Last 4 digits

S.S. # XXX - XX - _____, whose actual last date worked was _____/_____/_____, status
month / date / year

has changed as of _____/_____/_____ for the following cause:
month / date / year

Lay Off Reduction in Hours Quit Personal Leave Retirement Military Leave

Fired (please check applicable box below)

Due to Gross Misconduct

Due to Other Than Gross Misconduct

Disability – Work Related Disability – Non-Work Related

Other _____
(please explain)

Employer Representative Signature: _____ Date: _____

Employer Representative Name/Title: _____

Employer Name: _____ Company # _____

Please fax this completed form to 313-964-3144 (no cover sheet required) or submit the requested information via e-mail to cctldept@mctwf.org.

If you have any questions, please contact your Contribution Control Account Representative at 313-964-2400. Thank you.