



Retire294.com 518-463-2200 x 117

## Local 294 Pension Estimate Instructions

Local 294 members that are covered by a pension can request a pension estimate while they are working. This is an important step in the financial planning process as it helps:

- Provide members with a clear estimate of their pension benefits
- Provides options for individual and spousal benefit
- Make sure your years of service are correctly reported

For Local 294 members that are covered by:

- NYS Teamsters Pension and Retirement Fund, or
- Upstate NY Bakery Drivers Fund, or
- NYS Teamsters Council Health and Hospital Fund,
  - o Complete the attached letter on the next page to request an estimate of your pension benefit.
- NY State and Local Retirement System (NYS LRS), visit: <a href="https://web.osc.state.ny.us/retire/sign-in.php">https://web.osc.state.ny.us/retire/sign-in.php</a> Create an account and select "my account summary" and click "estimate my pension benefit."

## **Local 294 Pension Estimate Letter**

| WYS Teamsters Pension and | Upstate NY Bakery Drivers                                                                           | NYS Teamsters Council He |
|---------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|
| <b>Retirement Fund</b>    | and Industry Pension Fund                                                                           | and Hospital Fund        |
| PO Box 4928               | 151 Northern Concourse                                                                              | 151 Northern Concours    |
| Syracuse, NY 13221        | Syracuse, NY 13212                                                                                  | Syracuse, NY 13212       |
| benefits@nytfund.org      | benefits@unybakeryfund.org                                                                          | 315-234-1047             |
| 315-455-9790 x 2          | 315-422-3232                                                                                        |                          |
| Member's Name             |                                                                                                     |                          |
| Street Address            |                                                                                                     |                          |
| Town, State, Zip          |                                                                                                     |                          |
| Last 4 of SSN             |                                                                                                     |                          |
| Employer Name             |                                                                                                     |                          |
| Member's DOB              |                                                                                                     |                          |
| Member's Phone            |                                                                                                     |                          |
| Member's Email            |                                                                                                     |                          |
| Additionally, please sen  | estimate based on my retiremer, and d a copy of the benefit estimate t rank Giuffre and Frank Finch |                          |
| 4 Executive Park Drive, ( |                                                                                                     |                          |

Signature of Local 294 Member