[Date]

Attn: Retirement Director
Massachusetts Laborers’ Benefit Funds
PO Box 1501
1400 District Ave, Suite 200
Burlington, MA 01803-1501

To MLBF:

My name is \_\_\_\_\_\_\_\_\_\_\_. I work for [the signatory company]. I am writing to apply for the Massachusetts Laborers’ Pension Fund Carve-out Program. Below is the relevant information:

1. [Full name]
2. [Member Number]
3. [Current age]
4. [Name of Signatory Contactor]
5. [Position you are applying for]
6. [Description of position]

I confirm that I will not be directly supervising Laborer employees. I also confirm that will maintain my membership in the Laborers’ Union while enrolled in the Carve-out Program. Finally, I confirm that I will notify MLBF if any of the above information, as I understand it may make the employee/member no longer eligible for the program.

[Signature]

[Name]