

# Plan Document Request

Name: ( Print ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

S. S. No.# \_\_\_\_\_ IBT LOCAL \_\_\_\_\_

Date: \_\_\_\_\_ Phone \_\_\_\_\_ Working \_\_\_\_\_

Hub/Center/District \_\_\_\_\_

Employment Date \_\_\_\_\_ Retired \_\_\_ Retirement Date \_\_\_\_\_

Health and Welfare Plan Administrator  
Corporate Compensation Dept. (Benefits)  
United Parcel Service of America, Inc.  
55 Glenlake Parkway, NE  
Atlanta, GA. 30328

(404) 828 7734  
800-643-4442 ext. # 6901  
(404) 828-6000

Dear Administrator,

This letter is a formal request for the Current Plan Documents in their entirety with all amendments and pertinent notes and any Summary of Material Modifications, that covers the IBT Teamsters Contract period pursuant to the current 2002 to 2008 contract with IBT Local \_\_\_\_\_.

In addition, I am formally requesting the complete 5500 forms, a statement of assets and liabilities of the Plan and all accompanying notes, and a statement of income and expenses of the Plan with all accompanying notes for the same Plan, Year Ending December 31, 200\_\_ and 200\_\_.

Sincerely,

\_\_\_\_\_  
Signature

cc: File  
Howard Marsh DOL/PWBA  
Certified Mail# \_\_\_\_\_