

Minnesota Nurses Association 345 Randolph Avenue #200 St. Paul, MN 55102 651-414-2800 / 800-536-4662

## PENSION DATA CHANGE FORM

Complete this form and send the original to the individual listed below for the Hospital whose data you wish changed.

Make a copy for your own files and send one copy to Scott Kleckner OR William Spartz, Labor Relations Specialists, at the MNA office. Attach a copy of your most recent pension "green sheet."

| TO:              | (Check one)  | Date:  |  |  |
|------------------|--|--|--|--|
|                  | Becky Schurmann<br>Gerald Freund<br>Karleen Braun<br>Mary Rohman Kuhl<br>Annie Langenfeld<br>Mike Nelson | Allina Health Fairview Pension Manager North Memorial Human Resources HealthEast Retirement Services Manager Children's Hospitals and Clinics Methodist Hospital | See reverse side for hospital mailing addresses. |  |
|                  |  | as submitted to the Plan Administrator for the Twin Cciation Pension Plan be corrected as follows:   | City   |  |
|                  | Incorrect name or spelling   | Incorrect name or spelling of name. Correct name is:   |  |  |
|                  | Incorrect birth date. Correct date is:   |  |  |  |
|                  | Incorrect hours reported   | Incorrect hours reported for the year(s) of  |  |  |
|                  | Hours not reported for non-contract work for the year(s) of  |  |  |  |
|                  | Position held during that  | year(s):   |  |  |
|                  | Incorrect earnings reporte   | Incorrect earnings reported for the year(s) of:  |  |  |
|                  | Workers compensation hours and/or earnings not reported for the year(s) of:  Other. Please specify:      |  |  |  |
| Attach<br>correc |  | er relevant information including hours or earnings yo   | ou believe                                       |  |
| Your r           | name   | Phone  |  |  |
| Curre            | nt employer  |  |  |  |
| _                | informally using this form.  | or the correction of reported data if you are unable to <a href="EMPLOYER'S RESPONSE">EMPLOYER'S RESPONSE</a>  | resolve your                                     |  |
|                  | Correction confirmed and<br>Corrected data sent to W<br>Requested correction not                         | l approved<br>ilson McShane on (date)<br>approved. Reason:   |  |  |
|                  | Additional information ne  | eded. Please contact (Name and phone number)   | •  |  |

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