

HOLLOW METAL TRUST FUND  
HOLLOW METAL PENSION FUND

**UNION  
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**MANAGEMENT  
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Chairman  
Vincent Gallo

**VERIFICATION OF COVERED EMPLOYMENT**

Name: \_\_\_\_\_ SS# \_\_\_\_\_

I have reviewed the attached copy of my work in Covered Employment and declare the following:

- My record in Covered Employment is correct.
- My records in Covered Employment is incorrect and I will submit W-2 form or Breakdown from Social Security for any year there is a discrepancy.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Print Member's Name