

HOLLOW METAL TRUST FUND
HOLLOW METAL PENSION FUND

UNION
TRUSTEES
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MANAGEMENT
TRUSTEES
Vincent Gallo
Edmund Greco
Michael Gallo

VERIFICATION OF COVERED EMPLOYMENT

Name: _____ SSN: _____

I have reviewed the enclosed work history provided by the Hollow Metal Fund and declare the following:

- My record in Covered Employment is correct.
- My record 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

Member's Social Security