



PENSION PLAN CLAIMS REQUEST FOR ARBITRATION

Multiemployer Pension Plan Arbitration Rules for Withdrawal Liability Disputes

Date:					
Name of Employer:			Name of Employer's Representative:		
Check applicable box: Filing Party is <input type="checkbox"/> Employer <input type="checkbox"/> Pension Fund			Name of Firm (if applicable):		
Contact Person:					
Address:			Representative's Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Telephone:			Telephone:		
Email Address:			Email Address:		
Additional Email(s) to be copied on correspondence:			AAA should communicate with me by: <input type="checkbox"/> Email <input type="checkbox"/> Mail		

Arbitration is demanded pursuant to the terms of the Plan, which provides for arbitration under the of the AAA's Multiemployer Pension Plan Arbitration Rules for Withdrawal Liability Disputes.
The named parties hereby submit the dispute for arbitration under the AAA's Multiemployer Pension Plan Arbitration Rules for Withdrawal Liability Disputes.

Nature of Dispute:					
Dollar Amount of Claim: \$			Other Relief Sought: <input type="checkbox"/> Attorneys Fees <input type="checkbox"/> Interest <input type="checkbox"/> Arbitration Costs <input type="checkbox"/> Punitive/Exemplary <input type="checkbox"/> Other		

Amount Enclosed: \$ _____ In accordance with Fee Schedule.

Please describe appropriate qualifications for arbitrator(s) to be appointed to hear this dispute:

The filing party requests that hearings be held at the following location:
Check one: Agreement of the Parties Locale Provision specified in the Plan

You are hereby notified that copies of our arbitration agreement and this demand are being filed with the American Arbitration Association office located in _____, with a request that it commence administration of the arbitration. Under the rules, you may file an answering statement within 14 days after notice from the AAA.

Name of Pension Fund:			Name of Pension Fund's Representative:		
Contact Person:			Name of Firm (if applicable):		
Address:			Representative's Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Telephone:			Telephone:		
Email Address:			Email Address:		

AAA Customer Service can be reached at 800.778.7879.

Reminders: Send a copy of this form to the other side at the time it is forwarded to the AAA. Please reference appropriate fees pursuant to the fee schedule outlined in the Rules. You can file your case online by visiting the AAA's website at www.adr.org. Please select "AAA WebFile" from the list of side menu options. **You may also wish to visit our website for a complete list of our administrative services and procedures. Your case manager can also provide additional information.**