

# Plumbers and Steamfitters Local 21 Pension Fund

## Pension Application Instructions

To apply for your benefit, you must completely fill out the Application form provided in this retirement application package. Please read these instructions carefully before completing your application.

1. **Name:** Provide your full name including middle initial and suffix, if applicable. Please also provide other surnames, such as a maiden name, if applicable.
2. **Social Security Number:** Provide your Social Security Number, or Taxpayer Identification Number used for tax reporting purposes.
3. **Telephone Number:** Provide a daytime telephone number. This may be a cell phone.
4. **Address:** Provide the address for the Fund Office to send written correspondence to you.
5. **E-mail Address:** If you prefer to communicate via e-mail, please provide an e-mail address. *Note that correspondence via e-mail may require the use of the Fund's encrypted e-mail system in order to protect your sensitive personal information. This will require that you create a username and password in order to retrieve e-mails sent to you from the Fund Office.*
6. **Date of Birth:** Provide your birth date (month, day, year). You are also required to provide proof of age. You may submit a copy of your proof of age; but if this copy proves insufficient in any way, we will ask you to submit an original or certified copy of one of the documents listed below. If a birth certificate is not available, you should submit the next best type of proof from the following, listed in order of preference:
  - a. Birth certificate
  - b. Notification of registration of birth in a public registry of vital statistics
  - c. Hospital birth record, certified by the custodian of such records
  - d. Baptismal certificate or a statement as to the date shown by a church record, certified by the custodian of such records
  - e. Document showing approval of Social Security Benefits
  - f. A foreign government or church record (translated)
  - g. Current United States Passport
  - h. Current Driver's License or other government issued identification
7. **Date of Initiation:** Provide the date you first became a member of Local 21, or any of its predecessor locals (Locals 543, 201 and 299).
8. **Last Day of Work:** Provide the last date you worked, or intend to work, in the plumbing and pipefitting industry. This should be you actual last day of work and not the date you intend to commence your benefits.
9. **Effective Date of Pension:** Provide the date you wish for your pension to begin. Your Effective Date cannot be before the date you list as your last day of work and cannot be before the first of the month following 30 days after the Fund Office receives your completed application. We suggest selecting an Effective Date that is at least four months, but not later than six months, into the future in order to ensure timely commencement. *Note that your pension benefits generally must commence no later than the April 1<sup>st</sup> of the calendar year following the calendar year in which you attain age 72.*

**Effective Date of Disability Pension:** The Effective Date for a Disability Pension cannot be earlier than the first of the month following: 1) the date you became totally and permanently disabled, as determined

by the Social Security Administration; or 2) the date you submit a completed application to the Fund Office. For the purposes of determining whether an application for disability benefits is complete, the absence of a Social Security Disability Award does not alone make your application incomplete. This means you should submit an Application Form to the Fund Office at the same time as you intend to file an application for Social Security Disability Benefits in order to attain the earliest Effective Date possible. Note that if you submit an Application Form for a Disability Pension without the required Social Security Disability Award, your application will be “pending” until receipt of such award, and your benefit will be paid retroactive to the Effective Date as described above.

**10. Marital History:** Place a check mark to indicate your current and former marital status. If you are currently married, provide your spouse’s full legal name and any other prior surnames (including maiden name or prior married name, if applicable), date of birth and Social Security Number or Taxpayer Identification Number used for tax reporting purposes. Provide the date of your marriage and proof of your spouse’s age (see item 5 for acceptable documents). A copy of your Marriage Certificate must also be provided.

If you have been divorced, you must submit a copy of each divorce decree and/or judgment. If the former spouse has not waived interest in the Plan, or is otherwise entitled to benefits as a result of the divorce, you must submit an original or court-certified copy of a Qualified Domestic Relations Order (QDRO) or similar order providing an acceptable division of your pension benefit. In the space provided, list all individuals with whom you have been divorced, and if you have a QDRO or similar order.

Note that if you are legally separated from your spouse but not yet divorced, the Plan will treat you as married.

If you are widowed, you must submit an original or certified copy of your late spouse’s Death Certificate.

**11. Names, Ages and Social Security Numbers of Children:** Provide your children’s names, ages and Social Security or Taxpayer Identification Number used for tax reporting purposes. This information is requested in case your spouse or designated beneficiary does not survive you, or if we have trouble locating you in the future.

**12. Military Service:** If you served in the military after you started covered employment, indicate your dates of service and enclose a copy of your discharge papers. You may be entitled to additional pension and/or vesting credits for active duty military service. If you were deployed for active duty service, please also provide copies of your deployment paperwork.

**13. Benefit being Applied For:** You may only apply for one type of benefit. Please place a check mark next to the benefit for which you are applying.

**a. Early, Normal or Deferred (Vested):** Place a check mark on this line unless you are applying for a Disability Pension. Refer to the Explanation of Benefits document contained in this package. *If you are a Zone 1 participant and are interested in the Social Security Level Income Optional form of payment, please also indicate here (this will tell us to request special calculations from our Actuary).*

**b. Disability:** Place a check mark on this line if you are applying for a Disability Pension. Please also indicate the date you filed for Social Security Disability Benefits, or if already received, please indicate that Disability Date and provide a copy of your Social Security Disability Award. This must be received prior to commencement of a Disability Pension. Note that Disability Pensions are not available to participants under the Default Schedule of the Zone 2 Pension Plan.

**14. Periods of Disability:** List any periods of disability that occurred during your employment in the plumbing or pipefitting industry. Include dates and nature of disability, and whether the disability was occupational/non-occupational.

**15. Employment Information:** Please enclose a copy of your most recent Annual Statement or Contribution History Report from the Plumbers and Pipefitters National Pension Fund.

**16. Statement and Signature:** Upon completion of the above information, please read and sign the statement, with a witness. The witness should be anyone other than a family member. You, or your acting legal representative (i.e. Power of Attorney, Guardian etc.) must sign and date the application in this section. If a legal representative signs the application on your behalf, a Notary Public must witness the signature and the appropriate documentation granting them this authority must be submitted with the application. An unsigned or undated application will not be accepted by the Fund Office.

If you are not able to sign your application, you may make any mark representative of an "X" in place of your signature. However, this alternative signature must be witnessed by a Notary Public.

For your convenience, the Fund Office maintains a Notary Public on staff.

### Submitting Your Application

Enclose as many of the following documents as you are able to with your application:

- Proof of age (birth certificate)
- If you are married, proof of your spouse's age and proof of marriage (birth and marriage certificates)
- If applicable, original or court-certified copies of each divorce decree and/or judgement
- If applicable, original or court-certified copies of each Qualified Domestic Relations Order or similar orders
- If you are widowed, original or certified copy of deceased spouse's death certificate
- If you were in the military, your military discharge papers, and if served in active duty, any deployment paperwork
- If you are applying for a Disability Pension, Social Security Disability Award (if not yet received, provide as soon as possible following receipt).

Note that your Effective Date for benefits may be affected by a delay in your submission of this Application Form and required documentation, including your Social Security Disability Award, if applicable. It is important that if all required documentation is not readily available, you submit this Application Form with the documentation you have and obtain any missing documentation as soon as you are able.

## After You Submit Your Application Form

After you submit your Application Form, the Fund Office will acknowledge receiving it and will review it within a few days for completeness. If the Application Form is incomplete, you will be notified as soon as possible by phone, but also by mail or e-mail. Special efforts must be made to correct an incomplete Application Form in order to timely commence your benefit.

If your Application Form is complete, the Fund Office will process your application and determine your eligibility and benefit amount. Following that process, the Fund Office will send correspondence to you detailing the benefit you are eligible for and the forms of payment you may elect. If applicable, the following documents are also provided in this correspondence:

- Declaration of Retirement: You must certify that you have stopped or will stop working in the type of employment described in the Disqualifying Employment Information document.
- Election of Benefits/Payment Option Package: These documents provide you with detailed information about the normal and optional forms of payment available to you, including documents required to elect an optional form of payment (with spousal consent, if applicable).
- Joint and Survivor Pension Rejection Form: Form to complete if rejecting the Qualified Joint and Survivor Annuity normal form of payment.
- Tax Withholding Forms: Forms to complete for federal and New York State tax withholding.
- Direct Deposit Authorization: Forms to complete in order to receive your monthly pension via direct deposit into your bank account.

You should send the completed documents described above to the Fund Office as soon as possible following receipt to avoid delays in receiving your monthly benefit, but not prior to 180 days before your Effective Date.

If you are found to not be eligible for a pension benefit, the Fund Office will notify you of this denial in accordance with the claims determination rules of the Plan.