Local 808

International Brotherhood of Teamsters

PENSION FUND

9 Hunts Lane, Chappaqua, NY 10514 • (914) 458-5371

PENSION APPLICATION

Read this application carefully before answering any questions. Read the instructions pertaining to the question being answered. Please make your answers complete and legible. If you do not understand any part of this form, please call the Fund Office. ***Finally, on page 3, sign, date and have the application notarized before returning it to the Fund Office.***

NAME: _____
LAST FIRST MIDDLE INITIAL

ADDRESS: _____
STREET ADDRESS APT. #

_____
CITY STATE ZIP

TELEPHONE NO.: _____ SOCIAL SECURITY NO.: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

List below as accurately as possible, your entire employment history with contributing employers of Local 808.

EMPLOYER'S NAME (company name)	EMPLOYER'S ADDRESS	FROM DATE	TO DATE

DATE I PLAN TO RETIRE: _____

DATE I WISH BENEFITS TO COMMENCE: _____

If you are still working in Covered Employment you must complete the following:

I hereby authorize the Fund to contact my Employer to obtain my work history. Check one:

( ) You may contact my employer on or after _____.
DATE

( ) I will advise you at a later date when you can contact my employer. I understand that this may delay the processing of my application

I ELECT THE FOLLOWING PENSION TYPE: (CHECK ONE)

NORMAL RETIREMENT (age 65) _____( )
Payable at age 65 or age 62 if you have completed 30 years of service or a later retirement date.

EARLY RETIREMENT (age 55 – 64) _____( )
Payable at age 55 if you have completed 10 years of service. The Early Retirement benefit is reduced between ages 55 and 65

DISABILITY RETIREMENT _____( )
To qualify for a disability pension you must be totally and permanently disabled by bodily injury or disease so as to be prevented from engaging in **any** occupation for remuneration or profit. You must terminate Covered Employment as a result of disability after you have completed 10 years in the employment of a contributing employer and the disability pension shall be payable upon attainment of age 50. The decision of the Trustees as to your eligibility for a disability pension is final and binding. If you are applying for a disability pension, please include a photocopy of the Social Security Disability Award letter showing the date you were determined to become disabled.

THESE ARE THE FORMS OF PAYMENT AVAILABLE TO YOU.
You will be sent specific information related to each of these options once your application is processed. For participants of Woodlawn Cemetery, there are additional benefit options available and you will be notified of all your options once your application is processed.

FIVE YEAR CERTAIN & LIFE ANNUITY OPTION:
100% of the monthly benefit payable for your life with the provision that if you die before receiving 60 monthly payments, your beneficiary will receive the remainder of the 60 payments. (Note: if you are legally married your spouse must consent to the election of the Five Year Certain and Life Annuity Option.)

JOINT AND SURVIVOR ANNUITY OPTION:

50% QUALIFIED JOINT AND SURVIVOR ANNUITY OPTION:
Applicable if you are married with an eligible spouse. This provides for a reduced monthly benefit for your lifetime. When you die, your surviving spouse or designated beneficiary will receive a monthly benefit equal to 50% of the benefit you were receiving, for his/her lifetime. As a married participant, unless you elect otherwise with your spouse's consent, your benefit will be paid in this form.

75% QUALIFIED OPTIONAL SURVIVOR ANNUITY OPTION:
Applicable if you are married with an eligible spouse. This provides for a reduced monthly benefit for your lifetime. When you die, your surviving spouse or designated beneficiary will receive a monthly benefit equal to 75% of the benefit you were receiving, for his/her lifetime.

100% QUALIFIED OPTIONAL SURVIVOR ANNUITY OPTION:
Applicable if you are married with an eligible spouse. This provides for a reduced monthly benefit for your lifetime. When you die, your surviving spouse or designated beneficiary will receive a monthly benefit equal to 100% of the benefit you were receiving, for his/her lifetime.

PLEASE COMPLETE YOUR SPOUSE'S INFORMATION BELOW.

We will calculate your pension under both options and provide an Election of Benefits form for you and your spouse to make your election.

Name of Spouse: _____Spouse's Date of Birth: _____

Spouse's Social Security Number: _____Date of Marriage: _____

If you are not currently married, please complete the marital status information below.

I certify that the spouse's information cannot be completed because: (check one)

( ) I have never been married

( ) I am divorced

( ) I am widowed

( ) I am legally separated

( ) Other. Please explain. _____

IMPORTANT!! ATTACH PROOF OF BIRTH FOR YOURSELF AND FOR YOUR SPOUSE AND ANY RELEVANT MARRIAGE CERTIFICATES, DIVORCE DECREES OR DEATH CERTIFICATES.THIS APPLICATION SHOULD BE SUBMITTED TO THE FUND OFFICE

I hereby certify that the forgoing information is truthful and accurate to the best of my knowledge and belief. I understand that I may be requested to produce proof of any statements I make in this application. I further understand that any false statements may disqualify me for pension benefits, and that the Trustees shall have the right to recover any payments made to me in reliance upon any false statements.

_____ _____

DATE **SIGNATURE OF MEMBER**