

Teamsters Local 641 Pension Fund

714 Rahway Avenue, 2nd Floor, Union, New Jersey 07083

Telephone: (908) 687-4488

Fax: (908) 687-8368

www.641funds.org



Dear Participant:

Following please find a Pension Application (**which must be completed, signed, witnessed & notarized**), Please complete these items and return EVERYTHING to the address at the top of this letter along with the following:

(Please refer to the BACK page of the application for a list of acceptable proofs, listed in descending order of acceptability—this means, the higher on the list, the more likely it will be acceptable by itself; the lower down the list, the more likely we will require more than one proof to use as verification.)

- 1) Proof of your age.
- 2) If currently married, proof of your spouse's age.
- 3) If currently married, a copy of your marriage certificate.
- 4) For each previous marriage, a complete copy of the divorce decree, including any Marital Settlement Agreements, Property Settlement Statements, and/or addendums.
- 5) A recent photograph of you, with your name printed & signed on the back—a photocopy of driver's license/picture is not acceptable.
- 6) Military separation papers-only if you were working in the industry, went into the service then returned to covered employment.
- 7) If you are applying for a DISABILITY PENSION please submit a copy of your SOCIAL SECURITY DISABILITY AWARD LETTER.
- 8) On QUESTION #9 on the application, please list **ALL TEAMSTER & NON-TEAMSTER TIME**—this includes time worked under any other TEAMSTERS LOCALS.

SEND ALL OF THE ABOVE BACK TO THIS OFFICE. Please be informed that it may take approximately three to six months for your pension application to be processed.

***If you have belonged to any other Teamsters Local(s) after September 1952, you must contact them in regard to any pension benefit you may have accrued with them, as we will be requesting your time with all reciprocal Locals so we can properly process your time with our Plan.

If you have any questions, please do not hesitate to contact this office for assistance.

PENSION DEPARTMENT/tn

Enclosures

Please read all instructions on back of application carefully and print all answers to all questions.

1. NAME _____
First Middle Initial Last

2. ADDRESS _____
Street Address City State Zip Code

3. SOCIAL SECURITY # _____ PHONE # _____

4. REQUESTED DATE YOU WISH TO BEGIN COLLECTING YOUR LOCAL 641 PENSION: _____ (PLEASE NOTE: you may or may not be eligible for your requested date--we will notify you.)
Month / Day / Year

5. PARTICIPANT'S DATE OF BIRTH _____ 6. CURRENT SPOUSE'S DATE OF BIRTH _____
Month / Day / Year Month / Day / Year

7. MARITAL STATUS: Single-NEVER been married Married Widowed Divorced
(Circle One)

8. For **ALL MARRIAGES**, please complete the information below.

Name of Spouse	Date of Wedding	Date of Divorce	or Date of Spouse's Death

We may require copies of divorce decrees &/or copies of death certificates on spouses you are no longer married to. Please have this information ready if it is needed to complete your application.

9. LIST ALL INFORMATION BELOW FOR **ANY & ALL EMPLOYERS** FOR WHOM YOU WORK(ED)--Complete with CURRENT/MOST RECENT employer at the TOP--We need a full history **including NON-TEAMSTER time**.

Name of Employer	Address	Job Title	Local #?	EMPLOYMENT DATES	
				FROM	TO

10. Last day you worked or last day you intend to work: _____

11. During any periods mentioned above were you ever an owner or part owner or officer of any of the companies you worked for, or were you working in any SUPERVISORY and/or MANAGERIAL capacity?
 YES or NO If yes, please explain _____

12. Date you first commenced employment under a Teamster Local Union Agreement: _____ Local Number: _____
Month Year

13. Date you first became employed by a Company under an agreement with Teamsters Local Union 641: _____
Month Year

14. You may be entitled to credit for periods when you were receiving Disability Benefits from Teamsters Local 641 Welfare Fund or Worker's Compensation benefits. Please list below such periods of disability or compensation.

Name of Employer for whom you were working at the time of incident	check (X) one		FROM		TO	
	Worker's Comp	Disability	Month	Year	Month	Year
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				

15. If you left covered employment to enter the Military Service, submit a copy of Military Separation Papers.

FROM: _____ TO: _____
 Month Year Month Year

DISABILITY PENSION BENEFITS

16. If you are applying for a DISABILITY PENSION BENEFIT from our Plan, please complete the following:

- a. Date you first became disabled _____
- b. Nature of your disability _____
- c. Have you applied for a Social Security Disability Benefit? YES NO
 If YES, have you received a decision on your application yet? YES NO
 If you have received a decision on your application, has it been APPROVED REJECTED

IF YOUR APPLICATION FOR SOCIAL SECURITY DISABILITY BENEFITS HAS BEEN APPROVED, PLEASE SUBMIT A COPY OF YOUR SOCIAL SECURITY DISABILITY AWARD LETTER.

~SWORN STATEMENT~

I hereby certify, under penalty of law, the information I have provided on/for this application is true and accurate to the best of my ability. I understand that if any of these answers or information is willingly false I can be subject to punishment under the law.

 Witness

 Applicant's Signature

 Date

 Date

Subscribed & sworn to before me on this _____

Day of _____, 20____

 NOTARY PUBLIC

INSTRUCTIONS TO APPLICANT FOR RETIREMENT ON PROOF OF AGE

One of the types of proof of age listed below must be furnished. Proof as high in order on the list as possible should be submitted if you have it, or if it is readily obtainable, because such proof is generally more convincing. For instance, if you have or can easily obtain a birth certificate, it should be submitted rather than a baptismal certificate or statement of birth shown by church record. If you do not have either of these proofs, or if they are not readily obtainable, try to submit the proof listed next in order, rather than one lower on the list. Additional proof of age may be requested if the document which you submit is not convincing proof. Therefore, it is to your advantage to furnish a document which is high in order of acceptability on the list. You must submit a copy of your proof of age with your application. However, you are cautioned that the Naturalization Papers, United States Passports & Immigration Papers may NOT be photocopied. If any of these is the only proof you have, you can submit the original or bring it in person to the office & it will be photocopied & returned.

1. Birth certificate.
2. Baptismal certificate or a statement as to the date of birth shown by church record, certified by the custodian of such record.
3. Notification of registration of birth in a public registry of vital statistics.
4. Certification of record of age by the U.S. Census Bureau.
5. Hospital birth record, certified by the custodian of such record.
6. Document showing approval of Social Security Pension.
7. A foreign church or government record.
8. A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
9. Naturalization record. (PHOTOCOPY NOT PERMITTED-SUBMIT ORIGINAL).
10. Immigration Papers. (PHOTOCOPY NOT PERMITTED-SUBMIT ORIGINAL).
11. Military record.
12. Passport. (PHOTOCOPY NOT PERMITTED-SUBMIT ORIGINAL).
13. School record, certified by the custodian of such record.
14. Vaccination record, certified by the custodian of such record.
15. An insurance policy which shows the age or date of birth.
16. Marriage records showing date of birth or age (application for marriage license or church record, certified by the custodian of such record, or marriage certificate).
17. Other evidence, such as signed statements from persons who have knowledge of the date of birth, voting records, poll-tax receipts, driver's license, etc.

~~REQUIREMENTS~~

1. Completed Pension Application.
2. Proof of age for participant & spouse.
3. Copy of marriage certificate(s) for ALL MARRIAGES.
4. If divorced, copies of ALL divorce decrees, including any property settlement statements/marital settlement agreements and/or addendums.
5. Recent photograph of participant with name printed & signed somewhere on the front or back.

YOU MUST APPLY SEPERATELY WITH ALL LOCALS UNDER WHOSE JURISDICTION YOU WORKED IN ORDER FOR US TO PROPERLY CREDIT YOUR TIME WITH OUR PLAN.