

**United Food and Commercial Workers Unions  
and Participating Employers  
Pension Fund**

911 Ridgebrook Road  
Sparks, Maryland 21152-9451  
Telephone: (410) 683-6500  
(800) 638-2972  
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**APPLICATION FOR PENSION**

*(Submission of this Application Does Not Guarantee You a Pension Benefit)*

Please print and complete this form in full. Instructions are on reverse. Return completed form to:

**UFCW Unions and Participating Employers Pension Fund, 911 Ridgebrook Road, Sparks, MD 21152-9451.**

1. Name (Last, First, Middle) \_\_\_\_\_ 2. Social Security Number \_\_\_\_\_ 3. Home Telephone Number \_\_\_\_\_

4. Home Address (No., Apt. No., and Street) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ 9-Digit Zip Code \_\_\_\_\_ County \_\_\_\_\_

PO Box No. \_\_\_\_\_

**IF USING A PO BOX, BE SURE TO PROVIDE A STREET ADDRESS AS WELL. ALL INFORMATION WILL BE SENT TO PO BOX.**

5. Birth Date (Mo./Day/Yr.) \_\_\_\_\_  
Attach proof of age.  
(Examples of accepted forms of proof on back)

6. Marital Status (Attach copy of marriage certificate, divorce or separation papers, or death certificate as applicable)  
 Married     Widowed     Divorced  
 Separated     Never Been Married  
If you are divorced, is there a Qualified Domestic Relations Order (QDRO) in place or pending?     Yes     No

7. Actual Last Day Worked or to be Worked (Mo./Day/Yr.) \_\_\_\_\_

8. Are you working now?    List all present employers

No. Name of last employer: \_\_\_\_\_     Full Time     Part Time

Yes. Name of present employer(s) \_\_\_\_\_     Full Time     Part Time

\_\_\_\_\_     Full Time     Part Time

9. Date of Retirement (Mo./Day/Yr.) \_\_\_\_\_

10. Are you currently collecting Workers' Compensation or Weekly Disability pay?  
 Yes     No

11. If on Weekly Disability, give date of last sick pay: \_\_\_\_\_

12. Type of Pension (Circle One):  
Normal, Early, Disability, Vested  
If vested, from what employer did you earn a pension?  
\_\_\_\_\_

13. Spouse's Name (Last, First, Middle) \_\_\_\_\_

14. Spouse's Birth Date (Mo./Day/Yr.) Attach proof of age. (See examples on back). \_\_\_\_\_

15. Spouse's Social Security Number: \_\_\_\_\_

**DISABILITY SECTION**

16. Are you applying for a Disability Pension?     Yes     No    Date Disability Occurred: \_\_\_\_\_  
Nature of Disability: \_\_\_\_\_

Have you received a Social Security Disability Award?     Yes     No

If yes, attach a copy of the favorable decision and the Award to this application.

If no, you must receive an Award before further action can be taken.

**Tax forms will be sent to you separately. You must complete the form(s) whether or not you wish to withhold taxes.**

I hereby certify that the above information is true and correct to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits, and that the Trustees have the right to recover payments made to me as a result of false statements.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

(OVER)

## INSTRUCTIONS FOR PREPARATION OF APPLICATION FOR PENSION

*Most items are self-explanatory. Items which require further explanation are listed below.*

**Numbers 5 and 14.** Attach a copy of proof of age. The proof of age must be furnished as high in order on the list as possible. Additional proof of age will be requested by us if the document you submit is not convincing proof. If you do not have any of the documents below, contact the Fund Office for further instructions.

- A. Birth certificate
- B. Baptismal certificate or statement as to date of birth shown by church record, certified by custodian of such record.
- C. Notification of registration of birth in a public registry of vital statistics.
- D. Hospital birth record, certified by custodian.
- E. Document showing approval of Social Security pension.
- F. Foreign church or government record.
- G. Naturalization record, original only.
- H. Immigration papers, original only.
- I. Military record.
- J. Passport, original.
- K. School record, certified by custodian.
- L. Marriage record showing date of birth or age (application for marriage or church record, certified by custodian, or marriage certificate).

**Number 7.** The last day that you physically worked. Does not include vacation days, personal holidays, etc.

**Number 8.** You must check yes or no, full time or part time. If yes, enter the name of all your current employers.

**Number 9.** The first day of the month following the last day that you physically worked, as entered in question 7.

***YOU MUST SIGN AND DATE THE APPLICATION FORM.***