

Maryland Race Track Employees Pension Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (410) 683-6500
(800) 638-2972
www.associated-admin.com

Dear Participant:

Please provide this office with the following documents when you submit your Application for Pension.

- Copy of Birth Certificate (if not available please see the reverse side of the application for a list of acceptable documents)
- Copy of Spouse's Birth Certificate (if not available, please see the reverse side of the application for a list of acceptable documents)
- Copy of Marriage Certificate (if applicable)
- Copy of Divorce Decree (if applicable)
 - If the divorce decree states there is any type of property, marital, separation, or financial agreement incorporated into the divorce decree, you must submit the entire agreement along with the entire divorce decree.
- Copy of Death Certificate (if Spouse is deceased)

We will not be able to process your pension application unless we receive **all** documents pertinent to your application.

Thank you for your cooperation in this matter.

Sincerely,

Fund Office
Pension Department

Enclosures

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APPLICATION FOR PENSION

SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE YOU A PENSION BENEFIT.

Complete this form in full and return it to the address mentioned above. Please print and complete all blanks.

Name (Last, First, Middle)

Social Security Number

Home Telephone Number

Address

City, State, Zip Code

Date of Birth (Attach proof of age.)

Local Union Number

Date of retirement

(Examples of accepted forms of proof on back.)

Marital Status (Attach copy of marriage certificate, divorce decree 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

Spouse's Name (Last, First, Middle)

Spouse's Social Security Number

Spouse's Date of birth

Are you working now? Yes No List all present employers.

Name of present employer(s): _____

Actual last day of work or to be worked?
(Mo./Day/Year)

Type of Pension (Circle One): Normal, Early, Disability, Vested If Vested, from what employer did you earn a pension? _____

DISABILITY SECTION

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 false statement may disqualify me for pension benefits, and the Trustees have the right to recover payments made to me as a result of false statements.

Signature of Applicant: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

EFFECTIVE DATE: _____ TRUSTEE APPROVAL: _____

CREDITED SERVICE: _____ TRUSTEE APPROVAL: _____

MONTHLY AMOUNT: _____

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LAST DAY OF WORK STATEMENT

Dear Retiree Applicant:

Please indicate below the last day of work with your employer. This information is needed in order to complete the application process.

Please note that your pension cannot be processed without this form being completed and returned to the Fund Office.

Name (Please Print): _____

Social Security Number: _____

Address: _____
Street or Road

City: _____ State: _____ Zip code: _____

Telephone Number: _____

Date of Hire (if not known provide approximate year): _____

Please circle the race tracks that you worked for:

Laurel Pimlico Timonium

Last Day of Employment: _____

Date of Retirement: _____

Signature: _____ Date: _____

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Dear Retiree Applicant:

In the event of your death, we would like to be able to locate either your next of kin or someone who will be responsible for your final affairs so that we can (1) obtain a copy of the death certificate, (2) recoup any overpayments made, or (3) pay any outstanding benefits.

Please take the time to complete and return this form. We will hold this information in your file and it will not be used for any other purpose than those listed above.

Thank you in advance for your cooperation. If you have any questions, please contact the Fund Office (800) 638-2972.

PLEASE PRINT CLEARLY

Your Name

Your Social Security Number

Name of Next of Kin or Person Responsible for Your Affairs

Relationship

Street Address of Next of Kin or Person Responsible for Your Affairs

City/State/Zip

Phone Number

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RETIREE WORK RULES

Dear Retiree:

If you return to covered employment, it is important that you are aware of the following rules and regulations of the Plan:

Suspension of benefits: One month of your pension benefits will be suspended for each month of your unauthorized employment. Unauthorized employment is defined as any month during which you work eight or more days in covered employment.

Notification of beginning unauthorized employment: **Pensioners are required to notify the Fund Office** in writing of any and all unauthorized employment within fifteen (15) days of beginning such employment.

Notification of termination of unauthorized employment: **Pensioners are required to notify the Fund Office** in writing of the termination of their unauthorized employment.

Resumption of benefits: The payments of your pension benefits may be resumed upon your notification to the Fund Office that you have terminated unauthorized employment.

Additional benefit credit: You may be entitled to additional benefit credit based on your covered employment after retirement – regardless of the number of days you worked during any one month. The determination of whether or not you qualify for additional benefit credit will be made after you terminate your covered employment. If you qualify for additional benefit credit, the amount of your pension benefit will be increased based on the credit you earned during your employment after retirement.

Please contact the Fund Office if you have any questions regarding the above.

Sincerely,

Fund Office