

**Industry And Local 338**  
**Pension Fund**  
911 Ridgebrook Road  
Sparks, MD 21152-9451  
Telephone No. (855) 412-3797 (toll free)  
[www.associated-admin.com](http://www.associated-admin.com)

**Necessary Documents for Pension Application**

Dear Participant,

Please provide this office with the following documents when you submit your Application for Pension. Note that submission of an application for pension does not guarantee you a pension benefit.

**\*\*\*Please Send Copies Only of Documents Not Originals. Originals will not be returned.\*\*\***

- ❖ Birth Certificate
- ❖ Spouse's Birth Certificate
- ❖ Spouse's Death Certificate (if applicable)
- ❖ Marriage Certificate
- ❖ Divorce Decree (if applicable)

If divorced or separated, is there any judgment or order that requires the Plan to pay benefits to an Alternate Payee pursuant to a Domestic Relations Order? If so, include a copy of the document.

- ❖ 9-Digit Zip Code (if not known, call your local Post Office)
- ❖ SSA Disability Award Letter (if applicable)

We will not be able to process this pension application unless all of the above information is received. Thank you in advance for your cooperation and understanding in this matter.

Sincerely,

Fund Office

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**PENSION APPLICATION**

**INSTRUCTIONS:**

Please read all questions carefully and **print all answers**. Be sure to sign and date the application. Mail the completed application to the Fund Office with proof of age for yourself. If you are married or expect to be married when your pension payments begin, you must also supply proof of age for your spouse and a copy of your marriage certificate either with the application or immediately after the marriage.

**PERSONAL DATA:**

Name \_\_\_\_\_  
Last First Middle  
Address \_\_\_\_\_  
No. and Street City State Zip Code  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ (attach proof of age)  
Telephone Number \_\_\_\_\_ Home Email Address \_\_\_\_\_

\*\*\*\*\*  
**SPOUSE'S INFORMATION:**

Name \_\_\_\_\_  
Last First Middle  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ (attach proof of age)

\*\*\*\*\*

Last date you worked or intend to work \_\_\_\_\_  
Month Day Year

Did you ever receive a Termination Benefit from this Fund? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," when? \_\_\_\_\_

How much did you receive? \_\_\_\_\_

**EMPLOYMENT HISTORY:**

List on this page all your employment in categories of work covered by Collective Bargaining Agreements at the time of this application, within the States of New York, New Jersey, Connecticut and Pennsylvania.

| From<br>Mo. Day Yr. | To<br>Mo. Day Yr. | Name/Address<br>of Employer | Job<br>Classification |
|---------------------|-------------------|-----------------------------|-----------------------|
|                     |                   |                             |                       |
|                     |                   |                             |                       |
|                     |                   |                             |                       |
|                     |                   |                             |                       |
|                     |                   |                             |                       |
|                     |                   |                             |                       |

List below any periods during which you were in the military service of the United States since January 1, 1940. Supply this office with copies of induction and discharge papers.

| Month | From<br>Day | Year | Month | To<br>Day | Year |
|-------|-------------|------|-------|-----------|------|
|       |             |      |       |           |      |
|       |             |      |       |           |      |
|       |             |      |       |           |      |

List below any periods during which you received Workers' Compensation benefits or disability benefits from Industry and Local 338 Welfare Trust Fund. (Attach proof of Workers' Compensation).

| From<br>Mo. Day Year | To<br>Mo. Day Year | Type of Benefit |
|----------------------|--------------------|-----------------|
|                      |                    |                 |
|                      |                    |                 |
|                      |                    |                 |

**CURRENT OR FUTURE EMPLOYMENT:**

List below any current or future employment you are aware of at this time.

| Date of<br>Employment | Name of Employer | Address of Employer | Job<br>Classification |
|-----------------------|------------------|---------------------|-----------------------|
|                       |                  |                     |                       |
|                       |                  |                     |                       |
|                       |                  |                     |                       |

## **DISABILITY PENSION APPLICATION:**

If you are applying for a Disability Pension, state:

- 1 Date you first became disabled \_\_\_\_\_
- 2 Nature of your disability \_\_\_\_\_
- 3 Name of doctor \_\_\_\_\_  
Address of doctor \_\_\_\_\_
- 4 Have you applied for a Social Security Disability Pension? Yes \_\_\_\_\_ No \_\_\_\_\_
- 5 If yes, has it been approved or rejected? Yes \_\_\_\_\_ No \_\_\_\_\_

If it has been approved, submit together with this application a copy of your Social Security Disability Award. **(Please note that this letter must include Date of Award and Date of Entitlement).**

- 6 Are you presently receiving Weekly Accident and Sickness Benefits from the Industry and Local 338 Welfare Fund?\* Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, date last payment received \_\_\_\_\_

*\*Note: No pension benefit is payable for any month in which such benefits are received.*

**NOTE:** If you are 65 or older, please complete the Joint and Survivor election form or the Beneficiary Designation form. If you die before age 65 and are survived by a spouse to whom you have been married for at least one year, that spouse will automatically receive an annuity for his or her lifetime. If you are married and receiving a disability pension, at age 65 your pension will be converted to a Joint and Survivor Pension in a reduced amount unless you and your spouse reject that form of payment shortly before you reach age 65. If the Joint and Survivor Pension is rejected, you and your spouse may designate beneficiaries.

If you are not married and are receiving a disability pension, at age 65 you may designate beneficiaries for the guaranteed monthly payments beginning at age 65. You should receive additional material regarding these options approximately 90 days before you reach age 65. If they are not received by that time, please contact the Fund Office immediately.

### **I HEREBY CERTIFY THAT THE INFORMATION THAT I HAVE PROVIDED IS TRUE AND CORRECT.**

I understand that a false statement may disqualify me from receiving benefits and the Trustees will have the right to recover any payments made because of the false statement. If after I retire, I return to work, my monthly pension may be suspended for at least the period that I continue to work. I agree to notify the Trustees upon my return to any kind of employment and to supply whatever information is necessary so that the Trustees may determine if suspension of the benefits is warranted.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Disqualifying Employment Rules

Below is an explanation of some important Fund rules which affect your benefits if you work after retirement. Please call or write to the Fund Office with any questions.

Section 6.06 of the Pension Plan describes the types of employment that results in the withholding or suspension of benefits. In accordance with federal law, the rules vary based on whether you are younger or older than Normal Retirement Age, i.e., age 65.

Please note that your benefit will not be suspended if you are receiving benefits because you have reached your "Required Beginning Date" under the Fund. Generally, your Required Beginning Date is April 1 of the calendar year following the calendar year in which you retire.

In addition, your benefits will not be suspended if you are age 65 or older and have at least 30 years of Pension Credits.

**Section 6.06(a) of the Pension Plan.** This section provides that pension benefits will be permanently withheld if an individual takes any employment, regardless of the number of hours, **before** Normal Retirement Age (age 65):

- (a) in the states of New York or Connecticut or in Bergen County, New Jersey, or in Susquehanna County, Pennsylvania;
- (b) in an industry in which employees covered by the Fund were employed and accrued benefits under the Fund as a result of such employment at the time that payment of benefits would have commenced; and
- (c) in a position covered by a collective bargaining agreement.

**Section 6.06(b) of the Pension Plan.** This section provides that benefits will be permanently withheld if an individual takes employment for 40 or more hours per calendar month or during a 4- or 5-week payroll period **after** Normal Retirement Age (age 65):

- (a) in the same trade or craft in the same industry in the states of New York or Connecticut or in Bergen County, New Jersey or in Susquehanna County, Pennsylvania.
  - i. a Pensioner will be considered employed in the "same trade or craft" if he/she performs any job function which he/she performed while in Covered Employment; and
  - ii. a Pensioner will be considered employed in the "same industry" if he/she is employed in the same industry in which he/she was last employed and accrued benefits under the Fund.

I hereby certify that I have read and understand the disqualifying employment rules of the Industry and Local 338 Pension Fund, and that I am not currently working in Disqualifying Employment and have no plans at this time to work in Disqualifying Employment. If after I retire, I return to work, my monthly pension may be suspended for at least the period that I continue to work. I agree to notify the Trustees upon my return to any kind of employment and to supply whatever information is necessary so that the Trustees may determine if suspension of the benefits is warranted. If I receive benefits that should not have been paid to me because I was in Disqualifying Employment, I understand that my future benefits will be subject to offset and withholding as set forth in the Plan Restatement and Summary Plan Description.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_