



ROAD CARRIERS LOCAL 707 WELFARE & PENSION FUND
14 FRONT STREET, STE. 301
HEMPSTEAD, NY 11550
516-560-8500 ~ FAX 516-486-7375

PENSION APPLICATION PACKAGE
ROAD CARRIERS LOCAL 707 PENSION PLAN
Non Medical

Enclosures: Acceptable Documents for Proof of Age

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~~~~~ Pension Application

~~~~~ Direct Deposit Authorization form

~~~~~ Return Envelope



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Dear Pension Applicant:

Enclosed is the Pension Application you requested. Please complete the Application and return it to the above address with the following documents:

- birth certificate or another acceptable form of proof of age (as listed on the attached list of acceptable documents);
- birth certificate or another acceptable form of proof of age for your spouse;
- marriage certificate;
- divorce papers of either you or your spouse (if both of you have been previously married, submit divorce papers for yourself only);
- photo ID for both you and your spouse;
- copy of you and your spouse's social security card.

If you have questions concerning your benefit or the completion of the Application, please contact the Fund office.

Please be sure that your application is fully completed. Incomplete applications will be returned and will delay the processing of your application.

Very truly yours,

Pension Supervisor

## ACCEPTABLE DOCUMENTS FOR 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 readily obtain a birth certificate, it should be submitted rather than a baptismal certificate or a statement of birth shown by a church record. If you do not have either of these proofs, or they are not readily obtainable, try to submit the proof listed next in order, rather than one low 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 that is high in order of preference on the list. You must attach a copy of the proof of age to your application. However, you are cautioned that Naturalization papers, United State passports, and Immigration papers may not be copied. If any of these is the only proof of age you have, submit the original and it will be returned.

1. Birth certificate;
2. A baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such record;
3. Notification of registration of birth in a public registry of vital statistics;
4. Certificate 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 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 (Photostat not permitted; submit original);
10. Immigration papers (Photostat not permitted; submit original);
11. Military record;
12. Passport (U.S. Passports may not be Photostatted; submit original);
13. An insurance policy, which shows the age or date of birth;
14. 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); and
15. Other evidence, such as signed statements from persons who have knowledge of the date of birth, voting records, driver's license, etc.



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**Pension Application (Non Medical)**

Please read all instructions carefully and clearly print answers to all questions.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Home Address (Number, Street, City, State and Zip Code)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Place of Birth (County and State)

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Spouse's Social Security Number

\_\_\_\_\_  
Type of Pension Desired

\_\_\_\_\_  
Date You Retired or Plan to Retire

\_\_\_\_\_  
Date You First Joined Local 707 (Month and Year)

Yes  No Since you joined Local 707, have there been periods when you dropped out, transferred out or withdrew from membership?

If "Yes" state when: From \_\_\_\_\_ To

From \_\_\_\_\_ To

From \_\_\_\_\_ To

Yes  No Were you a member of any other Teamster Local before joining Local 707?

If "Yes" state: Local # \_\_\_\_\_ From \_\_\_\_\_ To

Local # \_\_\_\_\_ From \_\_\_\_\_ To

Local # \_\_\_\_\_ From \_\_\_\_\_ To

Yes  No Have you worked for employers under contract with any other Teamster Locals since September 1, 1950?

If "Yes" state: Local # \_\_\_\_\_ From \_\_\_\_\_ To

Local # \_\_\_\_\_ From \_\_\_\_\_ To

Local # \_\_\_\_\_ From \_\_\_\_\_ To

\_\_\_\_\_



List Vacation Time Due \_\_\_\_\_

List Sick Days Due \_\_\_\_\_

You may be entitled to credit for time not actually spent in covered employment due to time spent in the United States Armed Forces. If you have served in the Armed Forces, fill in this section and attach a copy of your discharge or separation papers.

| Date Entered Armed Forces | Date Discharged or Separated | Branch of Service |
|---------------------------|------------------------------|-------------------|
|                           |                              |                   |

You may be entitled to credit for periods when you were receiving accident and sickness benefits from the Welfare Fund. List any such periods below.

Period disabled: From \_\_\_\_\_ To \_\_\_\_\_  
Month Year Month Year

From \_\_\_\_\_ To \_\_\_\_\_  
Month Year Month Year

Yes  No Have you ever received Worker's Compensation benefits?

If "Yes" list below the period of time for which you received Worker's Compensation.

| Name of Employer for<br>Whom you were Working | Address of Employer | From |     | To  |     |
|-----------------------------------------------|---------------------|------|-----|-----|-----|
|                                               |                     | Mo.  | Yr. | Mo. | Yr. |
|                                               |                     |      |     |     |     |

Yes  No Have you ever been employed as a full-time officer or employee of Local Union No. 707 or the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers?

If "Yes" state: Local # or International  
From \_\_\_\_\_ To \_\_\_\_\_

I hereby apply for a pension from the Road Carriers Local 707 Pension Fund. The above statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If your retirement is effective before having reached age 65, please explain why you decided to retire:

\_\_\_\_\_

All applications for pension benefits must be made on an official form of the Pension Fund and must be submitted to the Pension Fund.

**Applications must be submitted at least 30 days before the date when pension payments might begin. You will be contacted if further information is required. We will notify you in writing of the decision on your application.**

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**PLEASE NOTE**

**IF YOU DECIDE NOT TO SIGN UP FOR DIRECT DEPOSIT, YOU WILL BE CHARGED A \$10.00 ADMINISTRATIVE FEE PER MONTH TO RECEIVE A PAPER CHECK. THIS AMOUNT WILL BE DEDUCTED AUTOMATICALLY FROM YOUR MONTHLY PENSION BENEFIT CHECK!**

**Direct Deposit Authorization**

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Home Address (Number, Street, City, State and Zip Code)

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Retirement Date

Is this a new address?     Yes     No

Please indicate if this is a  New Enrollment or  Change in Financial Institution or Account.

I hereby authorize Road Carriers Local 707 Pension Fund to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (and my spouse's, if applicable) account listed below.

\_\_\_\_\_  
Financial Institution's Name

\_\_\_\_\_  
Location (City/State)

\_\_\_\_\_  
Bank Telephone Number

Checking\*  Savings

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Transit Routing Number/ABA (Series of numbers prior to account number located at bottom left corner of check)

**\* If a checking account, please attach a blank voided personal check\***

This authority will remain in effect until I am no longer eligible for direct deposit or until the Road Carriers Local 707 Pension Fund has received written notification from me (or my spouse, if applicable) of its termination. Written notification must be received in such timely manner as to afford Road Carriers Local 707 Pension Fund and the Financial Institution a reasonable opportunity to act upon it.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (if joint account)

\_\_\_\_\_  
Date

**PLEASE INFORM THE PENSION FUND IN WRITING OF ANY CHANGES TO YOUR ACCOUNT.**