



Benefit Office

1850 MT. READ BLVD
ROCHESTER NY 14615

UA LOCAL 13 PLUMBERS, PIPEFITTERS
& SERVICE TECH'S BENEFIT OFFICE
STEVE OSTRANDER – FUND ADMINISTRATOR

P (585) 338-2310
F (585) 544-3993

PARTICIPANT APPLICATION FOR PENSION BENEFITS

Date: _____

Name: _____

S.S.#: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Spouse's Full Name: _____

Spouse's Date of Birth: _____

Spouse's Social Security Number: _____

Date of Marriage: _____

Requested Date of Retirement: _____

Last date Worked or to be Worked: _____

Name of Employer: _____

I request an estimate of the Pension benefits available to me for my requested retirement on _____.

I understand the benefit amounts may be subject to change based upon the timespan between receiving the information and the date of my completed and approved application for pension benefits.

I understand that my spouse has the right to a Joint and Survivor Pension Form of Benefit and that any Waiver of this benefit made by me will be ineffective unless my spouse consents to such Waiver. I understand that a Waiver may be made at any time during the 90-day period prior to the commencement of benefits. The benefit commencement date is the first day of the month for which an amount is payable. I understand that I may revoke any such Waiver during the applicable election period. I also understand that if a Waiver is elected or revoked within a 30-day period prior to the commencement date, my retirement date may be amended.

I agree that if I qualify for any Joint & Survivor Benefit, I will submit my Spouse's proof of age and marriage certificate. I understand that if I have ever been divorced or widowed, I must provide a complete copy of all Judgments of Divorce and/or Qualified Domestic Relations Orders (including Separation Agreements, Property Settlement Agreements and any similar or related orders with any attachments) and/or the death certificate(s) of my late spouse(s) or ex-spouse(s).

I further understand that if I qualify for a Disability Pension, I will submit my Social Security Disability Award to the Benefit Office with this Application.

By your signature below, you certify that all information you have provided in applying for this benefit is accurate and complete. Any person who provides false information in applying for benefits forfeits his/her claim to these benefits and must repay the Fund for benefits paid based on such false information.

Participant's Signature: _____ **Date:** _____

ALL APPLICANTS: Return this completed Pension Request Form along with a copy of your Birth Certificate. If applicable, please submit Judgments of Divorce and/or Qualified Domestic Relations Orders, Death Certificate(s) and Social Security Disability Awards.

MARRIED APPLICANTS: Birth Certificate for your spouse. You must also provide a copy of your Marriage Certificate.