

# Local 210's Pension Fund

60 Broad Street, 37th Floor, New York, NY 10004  
Telephone - 212-308-4200 Fax - 212-308-4545

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## Dear Pension Applicant:

**Enclosed** is an application for pension benefits that must be completed in every detail, and notarized, to enable the Trustees of Local 210's Pension Plan to determine your eligibility for **PENSION** benefits. Upon receipt of the documents requested, your application will be processed promptly. Please allow approximately three (3) months for processing of your application.

If you are still working in Covered Employment you must indicate your expected retirement date, and authorize us to contact your employer for your work history.

Only participants who have sufficient Covered Employment with a contributing employer in a contractual relationship with Local 210 IBT, are eligible for pension.

**You must produce proof of age.** We require either an original or clear photocopy of the record of your birth issued by the bureau of the state in which you were born. If such a certificate **is not on file**, the following alternative record may be used, **subject to approval by the Trustees.**

1. A birth record from a foreign country, accompanied by a notarized, English translation, prepared by a certified translator
2. Passport
3. Naturalization Certificate
4. Military Record
5. Official document showing approval of a Social Security pension and date of birth
6. A baptismal certificate or church record that is certified by a church official

**You must submit the following: If you were previously married and/or if you are married now** - a state certified copy of your marriage certificate for each marriage; divorced – a divorce decree; widowed – spouse's death certificate; **legally separated** – legal separation document. Processing your application cannot be completed without these documents. **You must submit certificates for all marriages, divorces and deaths.** You do not have to send the originals, photocopies are acceptable.

**IMPORTANT NOTICE:** The enclosed application is sent to you at your request without any liability on the part of the Teamsters Local 210's Pension Fund. Eligibility for benefits will be determined based on your years of Credited Service and the terms of the Plan in effect when you terminated employment.

Fraternally yours,

BOARD OF TRUSTEES



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## PENSION APPLICATION

Read this application carefully before answering any questions. Read the instructions pertaining to the question being answered. Please make your answers complete and legible. If you do not understand any part of this form, please call the Fund Office.

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

ADDRESS: \_\_\_\_\_  
STREET ADDRESS APT.# CITY STATE ZIP

TELEPHONE NO.: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

List below as accurately as possible, your entire employment history with contributing employers of Local 210 for the last 40 years.

EMPLOYER'S NAME (company name)	EMPLOYER'S ADDRESS	FROM	TO

DATE I PLAN TO RETIRE: \_\_\_\_\_

DATE I WISH BENEFITS TO COMMENCE: \_\_\_\_\_

If you are still working in Covered Employment you must complete the following:

I hereby authorize the Fund to contact my Employer to obtain my work history. Check one:

( ) You may contact my employer on or after \_\_\_\_\_  
DATE

( ) I will advise you at a later date when you can contact my employer. I understand that this may delay the processing of my application.



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## I ELECT THE FOLLOWING PENSION TYPE: (CHECK ONE)

**NORMAL RETIREMENT** (age 65) \_\_\_\_\_ ( )  
Payable at age 65 or later retirement date

**EARLY RETIREMENT** (age 55 – 64) \_\_\_\_\_ ( )  
Payable at age 55. The benefit is adjusted between ages 55 and 65 based on an actuarially equivalent formula.

**DISABILITY RETIREMENT** (age 55 – 55) \_\_\_\_\_ ( )  
To qualify for a disability pension you must be totally and permanently disabled by bodily injury or disease so as to be prevented from engaging in **any** occupation for remuneration or profit. Such disability must occur while you are actively employed in Covered Employment after you have completed 5 years in the employment of a contributing employer. The decision of the Trustees as to your eligibility for a disability pension is final and binding.

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## THE FOLLOWING METHODS OF PAYMENT ARE AVAILABLE:

### FIVE YEAR CERTAIN & LIFE ANNUITY OPTION:

100% of the monthly benefit payable for your life with the provision that if you die before receiving 60 monthly payments, your beneficiary will receive the remainder of the 60 payments. (Note: if you are legally married your spouse must consent to the election of the Five Year Certain and Life Annuity Option.)

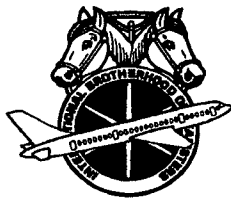
### JOINT AND SURVIVOR ANNUITY OPTION:

#### 50% QUALIFIED JOINT AND SURVIVOR ANNUITY OPTION:

Applicable only if you are married with an eligible spouse. This provides for a reduced monthly benefit for your lifetime. When you die, your surviving spouse will receive a monthly benefit equal to 50% of the benefit you were receiving, for his/her lifetime. As a married participant, unless you elect otherwise with your spouse's consent, your benefit will be paid in this form.

#### 75% QUALIFIED OPTIONAL SURVIVOR ANNUITY OPTION:

Applicable only if you are married with an eligible spouse. This provides for a reduced monthly benefit for your lifetime. When you die, your surviving spouse will receive a monthly benefit equal to 75% of the benefit you were receiving, for his/her lifetime.



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## PLEASE COMPLETE YOUR SPOUSE'S INFORMATION BELOW.

We will calculate your pension under both options and provide an Election of Benefits form for you and your spouse to make your election.

Name of Spouse: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_\_

Spouse's Social Security Number: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

If you are not currently married, please complete the marital status information on the next page.

### I certify that the spouse's information cannot be completed because: (check one)

- I have never been married
- I am divorced
- I am widowed
- I am legally separated
- Other. Please explain. \_\_\_\_\_

**IMPORTANT!! ATTACH PROOF OF BIRTH FOR YOURSELF AND FOR YOUR SPOUSE AND ANY RELEVANT MARRIAGE CERTIFICATES, DIVORCE DECREES OR DEATH CERTIFICATES.**

I hereby certify that the forgoing information is truthful and correct to the best of my knowledge and belief. I understand that I may be requested to produce proof of any statements I make in this application. I further understand that any false statements may disqualify me for pension benefits, and that the Trustees shall have the right to recover any payments made to me in reliance upon any false statements.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

Sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC