

**PENSION PLAN OF EMPLOYERS AND OPERATING ENGINEERS LOCAL 520 PENSION FUND  
APPLICATION FOR PENSION BENEFITS**

I hereby file an application for pension benefits under the Pension Plan of the Employers and Operating Engineers Local 520 Pension Fund. In support of this application, I state that I have voluntarily retired and terminated my employment with employers contributing to this Pension Fund. I understand that if I engage in post-retirement, future, prohibited employment, my benefit payments may be discontinued under the provisions of the Pension Plan governing suspension of benefits.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Participant

To receive benefits from the plan, complete this application and send it to the Pension Fund Office. Benefits will be paid once the following steps have been completed.

1. You have stopped working; and
2. Your application has been approved by the Board of Trustees and you have elected the form of payment on which you wish to receive your pension.

You can help speed up the processing of this application:

1. By answering each question completely;
2. By printing your answers to the questions in ink;
3. By attaching additional information to the application, if required.

Your Full Name \_\_\_\_\_  
First Middle Last

My Date of Birth is \_\_\_\_\_ Social Security No. \_\_\_\_\_

Married  Yes  No

Spouse's Name \_\_\_\_\_  
First Middle Last

Spouse's Date of Birth \_\_\_\_\_ Spouse's Social Security No. \_\_\_\_\_

Home Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Current Mailing Address

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**-TYPE OF BENEFIT-**

Please check the benefit below which best describes the one you think you are eligible to receive.

\_\_\_\_\_ **VESTED DEFERRED PENSION** - You must have accumulated at least five (5) years of credited service or five (5) years of Vesting Service AND NOT BE ELIGIBLE FOR ANY OTHER TYPE OF RETIREMENT.

**NOTE:** If you choose to begin receiving a vested deferred pension prior to age 62, the amount of your monthly pension will be reduced by 1/12 of 7% for each month that your requested retirement date precedes your attainment of age 62. Benefit amounts accrued prior to January 1, 1983 shall not be reduced.

\_\_\_\_\_ **SPECIAL UNREDUCED PENSION** - The sum of your age and Vesting Service (at the time you last accrued service under the plan) is at least 75 and you have at least 60,000 Hours of Service (50,000 with contributing employers).



**NORMAL PENSION**

(i) You must be at least age 57 and you must have accumulated at least five (5) years of Vesting Service. Also, you must have worked at least 500 hours over a period of two (2) successive plan years beginning after you attained age 55:

Or

(ii) You must be at least age 62 and you must have accumulated at least five (5) years of Vesting Service.

**DISABILITY PENSION** - You must have accumulated at least (5) years of Vesting Service when you were disabled and not have attained the age of 57. You also must have at least 500 Hours of Service during the 24-month period preceding the date you became totally and permanently disabled. In addition, you must have a determination from the Social Security Administration stating that you are entitled to a Social Security Disability Benefit or other such proof of disability that is acceptable to the Board of Trustees. Proof of such entitlement must be submitted to the Plan.

**-COMMENCEMENT OF BENEFIT-**

If the Trustees approve my application for disability retirement benefits, I understand my benefits will be payable as of the first day of the month following the date I meet the requirements for a Disability Pension.

If the Trustees approve my application for benefits, other than disability, I want benefit payments to begin on the first day of \_\_\_\_\_(month), \_\_\_\_\_(year).

**-PROOF OF AGE-**

**INSTRUCTIONS FOR SUPPLYING PROOF OF AGE:**

One or more of the proofs of age listed below must be furnished. Proof as high on the list as possible should be submitted if you have it or can obtain it. If you submit originals of your documents they will be copied and returned to you. The Fund Office cannot however be responsible for documents lost in the mail.

Female applicants should provide additional proof (such as a marriage certificate) to document the change in their maiden name to the name on this application.

- \_\_\_\_\_ 1. Birth Certificate
- \_\_\_\_\_ 2. Notification of registration of birth in public registry of vital statistics
- \_\_\_\_\_ 3. Hospital records of Date of Birth, certified by custodian of such records
- \_\_\_\_\_ 4. Insurance Policy showing Date of Birth or age
- \_\_\_\_\_ 5. Marriage Records showing Date of Birth or age

**NOTE:** If you are married, you must include a copy of your spouse's birth certificate or other documentation and a copy of your marriage certificate.

**-ADDITIONAL INFORMATION-**

Please show here any additional information that you think would be helpful in processing your application for benefits:

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To the best of my knowledge, the answers to the questions contained in this application are correct and complete. I hereby authorize the Trustees to obtain information concerning my employment periods from the Union and any Contributing Employers for whom I have worked.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

\_\_\_\_\_ Signature of Applicant's Spouse