

PLUMBERS AND STEAMFITTERS LOCAL NO. 248 PENSION TRUST FUND
333 WEST VINE STREET ■ SUITE 500 ■ LEXINGTON, KY 40507 ■ PH: (859) 226-1700

APPLICATION FOR RETIREMENT BENEFITS

PERSONAL INFORMATION (COMPLETE IN ALL CASES)

FULL NAME: _____ SOC. SEC. NO.: _____

MAILING ADDRESS: _____ PHONE NO.: _____

DATE OF BIRTH: _____
(Attach Proof)

LAST DATE WORKED: _____ DATE OF DISABLEMENT: _____
(If Applicable)

LAST EMPLOYER: _____

HAVE YOU WORKED UNDER THE JURISDICTION OF A LOCAL OTHER THAN 248 WHICH RECIPROCATES WITH LOCAL 248? YES NO

NAME OF LOCAL: _____ LAST DATE WORKED FOR RECIPROCATING LOCAL: _____

WERE YOU TRANSFERRED TO LOCAL 248 FROM THE U. A.? YES NO

AUTHORIZATION TO USE OR DISCLOSE INFORMATION

I hereby authorize the use or disclosure of my individually identifiable health information to the Plan, certain employees of the Employer who administer the Plan, and the Contract Administrator to the extent required in order to process my application for benefits under the Plan. I understand this authorization is voluntary. I understand that if the organization or persons authorized to receive the information is not a health plan or health care provider; the released information may no longer be protected by federal privacy regulations. I understand my individually identifiable health information (such as medical records, medical questionnaires or enrollment forms) may be used or disclosed to third parties for the purposes of making eligibility and benefit decisions about my application for benefits under the Plan.

ENROLLEE NAME: _____

ENROLLEE ADDRESS: _____

TYPE OF BENEFIT

EARLY RETIREMENT CONTINGENT EARLY RETIREMENT (But have not received a Social Security Award.) I HAVE APPLIED TO THE SOCIAL SECURITY ADMINISTRATION FOR DISABILITY BENEFITS. MY APPLICATION WAS SUBMITTED ON: _____

I HEREBY: APPLY FOR BENEFITS TO BE EFFECTIVE: _____
 INQUIRE ABOUT MY BENEFITS TO BE EFFECTIVE: _____

PARTICIPANT'S SIGNATURE: _____ **DATE:** _____

PARTICIPANT'S FULL NAME _____

MARITAL INFORMATION

MARITAL STATUS (Check One): Married Single Divorced ⁽¹⁾ Legally Separated ⁽²⁾ Widowed ⁽³⁾

- (1) If you were ever divorced or legally separated you must submit a copy of the complete court document that includes reference to this Pension Plan.
- (2) If you were ever divorced or legally separated, you must submit a full copy of the decree and, if applicable, any Order awarding benefits under this Plan to your former spouse.
- (3) If you are widowed please submit a copy of the Death Certificate.

IF MARRIED, PLEASE FURNISH THE FOLLOWING INFORMATION :

SPOUSE'S FULL NAME: _____

ADDRESS: _____

SOC. SEC. NO.: _____ SPOUSE'S DATE OF BIRTH (Attach Proof): _____

IN ORDER FOR THE ADMINISTRATOR TO PROCESS THIS CLAIM, THE FOLLOWING INFORMATION MUST BE FURNISHED:

ADM. USE ONLY

- PARTICIPANT'S PROOF OF AGE _____
- SPOUSE'S PROOF OF AGE (If Applicable) _____
- MARRIAGE CERTIFICATE (If Applicable) _____
- DIVORCE DECREE (If Applicable) _____
- LEGALLY SEPARATED (If Applicable) _____
- SPOUSE'S DEATH CERTIFICATE (If Applicable) _____
- PROOF OF SOCIAL SECURITY DISABILITY AWARD (If Applicable) _____

DOCUMENTARY EVIDENCE WAS FOUND TO BE SATISFACTORY. YES NO

THEREFORE, THIS BENEFIT WAS: APPROVED FOR PAYMENT EFFECTIVE: _____

BENEFIT DENIED

**BOARD OF TRUSTEES
OF THE
PLUMBERS AND STEAMFITTERS LOCAL NO. 248
PENSION TRUST FUND**



BY
EMPLOYER
TRUSTEE: _____

DATE: _____

BY
EMPLOYEE
TRUSTEE: _____

DATE: _____