CENTRAL PENSION FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS & PARTICIPATING EMPLOYERS
4115 Chesapeake Street, NW, Washington, DC 20016 (202) 362-1000

APPLICATION FOR BENEFITS

(PLEASE PRINT OR TYPE)

To the Board of Trustees:

I hereby request the Board of Trustees authorize the commencement of benefits in accordance with the terms and provisions of the Central Pension Fund of the International Union of Operating Engineers and Participating Employers.

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1. Personal Information

I am applying for:

Retirement Benefits ☐ Normal ☐ Special ☐ Early

Disability Benefits ☐ Disability ☐ Conditional Early Retirement

Name of Applicant: _____ Social Security No.: _____

Address: _____ Phone No.: _____

City: _____ State: _____ Zip: _____

Marital Status ☐ Single ☐ Married Date of Marriage: _____

Date of Birth: _____ ☐ Widowed (Submit a Death Certificate) ☐ Divorced (Copy of Divorce Decree and a Property Settlement, if any)

Participants applying for benefits must submit either clear photocopies or state certified birth certificates. Married participants must also submit a clear photocopy or state certified birth certificate for their spouse, in addition to a clear photocopy or state certified marriage certificate. These copies will not be returned to you. A list of acceptable proofs is on page 1 of the Instructions. Widowed Participants are required to submit a state certified death certificate for their deceased spouse.

My last day worked was/will be: _____ I am a member of Local(s): _____

My retirement date is: _____ My Register Number(s) is: _____

The above must be completed in its entirety or benefits cannot begin. Incomplete Applications will be returned and delay the start of your benefit.

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2. Employment and Work History

Please list your employers for the last six (6) months. If more space is required then please list additional employers on a separate sheet. If you have not been employed during the last six (6) months, please indicate that as well.

Employer	Starting Date (Mo-Day-Year)	Ending Date (Mo-Day-Year)	Local

Please circle the locals whose jurisdiction you worked and indicate the calendar years during your membership in the IUOE. Please note that only locals who have independent pension funds and locals who do not participate in the Central Pension Fund are listed.

3 ____ Yr(s)	15 ____ Yr(s)	37 ____ Yr(s)	68 ____ Yr(s)	137 ____ Yr(s)	324 ____ Yr(s)	487 ____ Yr(s)	571 ____ Yr(s)	701(87) ____ Yr(s)
4 ____ Yr(s)	18 ____ Yr(s)	39 ____ Yr(s)	77 ____ Yr(s)	138 ____ Yr(s)	370 ____ Yr(s)	513 ____ Yr(s)	612 ____ Yr(s)	800(326) ____ Yr(s)
12 ____ Yr(s)	25 ____ Yr(s)	57 ____ Yr(s)	101 ____ Yr(s)	150(537) ____ Yr(s)	428 ____ Yr(s)	520 ____ Yr(s)	653 ____ Yr(s)	825 ____ Yr(s)
14 ____ Yr(s)	30 ____ Yr(s)	66 ____ Yr(s)	132 ____ Yr(s)	302 ____ Yr(s)	478 ____ Yr(s)	542 ____ Yr(s)	675 ____ Yr(s)	GPP ____ Yr(s)

NY Hotel Trade Council ____ Yr(s) City of Chattanooga ____ Yr(s) Canadian Locals: 115,793,870,955 ____ Yr(s)

3. Spouse or Contingent Annuitant Information ☐ I certify that I have a Spouse ☐ I certify that I have no Spouse

Married participants must provide the following information for their spouse. If a Contingent Annuitant (CA) type of payment (Type 3, page 2) is desired, please provide the following information for your Contingent Annuitant here.

The following data applies to my: ☐ Spouse ☐ Contingent Annuitant

If the Contingent Annuitant is selected and you have a spouse, your spouse must sign a Spouse's Agreement form. If this applies, the Fund will send you the form.

Name: _____ Social Security No.: _____

Address: _____ Relationship: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Participants must submit either a clear photocopy or state certified birth certificate for the above named individual. If you are married, we will also need a clear photocopy or state certified marriage certificate. Copies will not be returned to you. A list of acceptable alternate proofs is on page 2.

4. Designation of Beneficiary

I hereby designate as my Beneficiary in the event of my death:

Name of Beneficiary: _____ **Social Security No.:** _____

Address: _____ **Relationship:** _____

City: _____ **State:** _____ **Zip:** _____

NOTE: In the case where the Joint & Survivor benefit or Contingent Annuitant benefit is elected the designated beneficiary becomes secondary to the Qualified Spouse or the Contingent Annuitant, whichever applies.

5. Signatures

All Applicants must read and sign. Unsigned, unwitnessed, and incomplete Applications will be returned and delay the start of your benefit.

I hereby certify that I have read the Summary Plan Description (A Guide to Your Benefits booklet) and understand, in general, the Central Pension Fund provisions. I also certify that the foregoing statements are accurate and complete, to the best of my knowledge and belief. I understand that a false statement may disqualify me from benefits and that the Trustees have a right to recover payments made to me because of a false statement, and that an intentionally false statement may be in violation of federal law. I also understand that the Trustees may require additional information before acting on this application. **I understand that I must notify the Fund office if I return to work.**

Signature: _____ Date: _____

Witness: _____ Date: _____

You will be hearing from the Administrative Office from 60 to 90 days following receipt of this application. If eligible, at that time we will provide you with the monthly amounts payable under the applicable forms of monthly benefits listed on page 2. You must then choose a form of payment. Your benefit will normally begin on the first of the month following cessation of work and the receipt of your Benefit Election form, provided you meet the eligibility requirements. Should any other proofs be required, we will notify you at that time.