OE3 Trust Funds

Health. Security. Service.

Operating Engineers Trust Funds
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Pension Benefits Application

Information & Instructions:

1. Submit all required documents with your pension application, if available. See the Required Documents and List of Acceptable Proofs of Age at the back of this application.
2. If all eligibility requirements have been met, a pension is generally payable the first day of the month following the month an application is received. Therefore, **do not delay submitting your application if any required documents are not readily available.**
3. The Trust Fund office will acknowledge receipt of your application. No Union, Employer or other office is authorized to accept or receive your application on behalf of the Trust Fund.
4. Please read carefully and provide an answer to each question. Otherwise, indicate as not applicable ("N/A").
5. Print all information in ink.
6. Sign, date and return your completed application to the Trust Fund office.

☐ If you are not actually planning on retiring but are interested in obtaining a **Pension Estimate**, please check this box.

PERSONAL DATA

1. Legal Name: _____
   Last First Middle

2. Address: _____
   No. and Street City State Zip Code

3. Social Security No: _____ 4. Telephone No: _____

5. Email Address: _____ 6. Date of Birth: _____
   (Attach proof of age)

7. Last day or anticipated last day of work: _____
   (Last day of work must before Requested Retirement Date)

   If currently working, name of employer: _____

   If not working, name of last employer: _____

   Is your current/last employer a Contributing Employer (an Employer contributing to the Pension Trust Fund for Operating Engineers)? _____Yes _____No

8. Have you previously submitted a Pension Application or other documentation (divorce docs, proof of age, etc.) to this Trust Fund? _____Yes _____No

9. Requested Retirement Date (date you would like your pension to begin): _____
   (Pensions are effective on the 1st of the month) MM / 01 / YYYY

10. Marital Status (Circle one): Married Never Married Widowed

    Divorced Divorced & Remarried Legally Separated Other: _____

11. Spouse's name: _____
    (If spouse's last name on Marriage License does not match proof of age, submit written explanation with his/her signature.)

12. Spouse's Social Security No: _____ 13. Spouse's Birth Date: _____
    (Attach proof of age)

14. Date of Marriage (Attach Marriage License): _____
    MM/DD/YYYY

IMPORTANT! IF YOU HAVE <u>EVER</u> BEEN DIVORCED, SEPARATED, OR HAD A MARRIAGE ANNULLED, YOU MUST SUBMIT A COPY OF YOUR FINAL JUDGMENT(S) OF DISSOLUTION OF MARRIAGE ALONG WITH PROPERTY SETTLEMENT(S) AND QUALIFIED DOMESTIC RELATIONS ORDER(S). IF YOU ARE LEGALLY SEPARATED OR HAVE HAD A MARRIAGE ANNULLED, PLEASE PROVIDE SUPPORTING LEGAL DOCUMENTS.

15. TYPE OF PENSION for which you are applying:
(Optional forms of payments will be provided when the amount of benefit has been determined.)

_____**Normal Retirement** (Normal Retirement Age- Later of age 65 or 5th Anniversary of Plan Participation)
_____**Service Pension** [Age 59 & 30 Years Credited Service; 20 Pension Credits & 35 years of participation; Age 55 & 30 Years Credited Service ("Rule of 85") - Special rules apply]
_____**Early Pension** (age 55 with 10 Years Credited Service - Special rules apply)
_____**Disability Pension** (Special rules apply). Are you receiving Social Security Disability Benefits?
_____No. If No, please explain: _____
_____
_____Yes. If "Yes", attach a photocopy of your Social Security Disability Award. *If this document does not contain the onset date of disability, please request a letter from the Social Security Administration providing this information and forward to the Trust Fund office.*
_____**Pro-Rata Pension** (Related Credit may count toward determining eligibility for a Pro-Rata Pension under the terms of the Pension Trust Fund for Operating Engineers - Special rules apply)

16. EMPLOYMENT HISTORY
List below ALL periods of employment in which you worked in an Operating Engineer capacity. Enter the first date you began working in the industry and include all periods of work including under a Related (Pro-Rata) Plan or when disabled. For periods of Military Service, please see section 18, following **EMPLOYMENT HISTORY AFTER ATTAINING AGE 65**. If additional space is required, please submit attachment. If you believe that hours were misreported by any of your employers or that your Years of Credited Service are incorrect, please submit supporting documentation and a written explanation.

NAME OF EMPLOYER &/OR RELATED (PRO-RATA) PLAN NAME	EMPLOYER'S LOCATION (CITY/STATE)	JOB TITLE & CLASSIFICATION	LOCAL UNION #	FROM MONTH/YEAR	TO MONTH/YEAR

17. EMPLOYMENT HISTORY AFTER ATTAINING AGE 65

If you have engaged in any employment in any Operating Engineer capacity **in excess of 39 hours per month** (union or non-union) since attaining age 65, please provide the information requested below. This information is needed to determine if you may be eligible for an actuarial adjustment of your pension benefits. If additional space is required, please submit attachment.

NAME OF EMPLOYER &/OR RELATED (PRO-RATA) PLAN NAME	EMPLOYER'S LOCATION (CITY/STATE)	JOB TITLE & CLASSIFICATION	LOCAL UNION #	FROM MONTH/YEAR	TO MONTH/YEAR	NUMBER OF HOURS WORKED MONTHLY

18. MILITARY SERVICE

Military Service that interrupted your employment as an Operating Engineer **may** count for Credited Service or **help** in avoiding a Break in Service (Special rules apply). Provide the following data if you served in the United States Armed Services and attach photocopies of your discharge documents.

Did you serve in the Armed Forces of the United States?: _____Yes _____No
If "Yes", **attach a copy of your DD-214** and enter dates of service below:

From: _____ To:_____ Branch: _____

19. BENEFICIARY (must be completed)

I hereby designate the following beneficiary to receive any payments under the Pension Plan which may be due in the event of my death, unless a different beneficiary is subsequently designated. (*If you are married and designate a beneficiary other than your spouse, your spouse MUST give written consent using an official Beneficiary Designation form which can be obtained by contacting the Trust Fund office.*)

Name (in full): _____ Relationship: _____

Social Security No:_____Birth Date: _____

Address: _____
No. and Street City State Zip Code

20. APPLICANT'S CERTIFICATION

I hereby apply for a pension / pension estimate from the Pension Trust Fund for Operating Engineers**. I understand that my pension application is only valid for one year from the date the application is received in the Trust Fund office**. I certify under penalty of perjury that all of the above statements are complete, true and correct, and that this application was signed by me. I understand that a false statement may disqualify me for pension benefits and that the Board of Trustees shall have a right to recover any payments made to me because of a false statement.

Date:_____Signature: _____
MM/DD/YYY

REQUIRED DOCUMENTS

The following documents must be submitted to the Trust Fund office before benefits can be paid:

1. Proof of your age.
2. If currently married, marriage license.
3. If currently married, proof of your spouse's age.
4. If widowed, death certificate of deceased spouse.
5. If previously married and divorced/separated, any and all Judgments, Qualified Domestic Relations Orders, Property Settlement Agreements, etc.
6. If disabled, copy of your Social Security Disability Award containing your onset date of disability.

LIST OF ACCEPTABLE PROOF OF AGE FOR PARTICIPANT / SPOUSE

Provide any of the following records as proof of age for you and your spouse. If you cannot provide a record from Group I, please submit two items from Group II. Copies are generally acceptable, except as noted below. Any original documents submitted will be returned via certified mail.

Group I. Submit one (1) of the following:

1. Birth Certificate.
2. Baptismal Certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such record.
3. Notification of registration of birth in public registry of vital statistics.
4. Certification of record of age by U.S. Census Bureau.
5. Hospital birth record, certified by the custodian of such record.
6. Foreign church or government record.
7. Naturalization Records (Photocopy not permitted - submit original).
8. Immigration Papers (Photocopy not permitted - submit original).

OR

Group II. Submit two (2) of the following (if unable to submit 1 from Group I):

1. Drivers License.
2. Military Record.
3. Passport (submit copy only).
4. Letter from Social Security stating your date of birth as shown in their records.
5. School records, certified by custodian of such records.
6. Vaccination records, certified by custodian of such records.
7. Insurance policy showing date of birth.
8. Marriage records showing date of birth (application for marriage license or church record, certified by the custodian of such record; or marriage certificate).
9. Signed statement by the Physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
10. Other evidence such as signed statements from persons having knowledge of your date of birth.

-Note-

If first and/or last name is not consistent on proof of age, marriage license or any other document submitted, please provide written explanation and documentation with your application.