

TWIN CITY IRON WORKERS PENSION FUND
3001 METRO DRIVE – SUITE 500
BLOOMINGTON, MN 55425

APPLICATION FOR RETIREMENT BENEFITS

NAME _____ TELEPHONE NO. _____
Last Name First Name Middle

ADDRESS _____
Number and Street City State Zip Code

SOCIAL SECURITY NO. _____ MARITAL STATUS _____ BIRTHDATE _____

DATE YOU RETIRED OR INTEND TO RETIRE _____ EMPLOYER _____

SPOUSE'S FULL NAME _____ SPOUSE'S BIRTHDATE _____

SPOUSE'S SOCIAL SECURITY # _____ DATE OF MARRIAGE _____

IF BENEFICIARY OTHER THAN SPOUSE – PLEASE COMPLETE THE FOLLOWING:

NAME _____ ADDRESS _____

RELATIONSHIP _____ SOCIAL SECURITY # _____

TYPE OF BENEFIT YOU ARE APPLYING FOR: Read carefully – check on

- Pension Disability Death

Upon what date did you first join Local Union No. 512 of the International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers? _____
Month Day Year

List all Local Unions affiliated with the International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers in which you have been a member and show the dates of the membership in each Local Union.

Local Union	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Since the date you first joined a Local Union affiliated with the International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers, have there been any periods when you left employment or withdrew from membership?

- Yes No If yes, state when.

From: _____ To: _____ Reason _____
From: _____ To: _____ Reason _____
From: _____ To: _____ Reason _____

Have you ever been unable to work because of total disability for which accident and sickness benefits were paid by the Twin City Iron Workers Health and Welfare Fund? Yes No If yes, fill in the information below:

Cause of Disability	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever collected Workmen's Compensation Benefits during a period of total disability? Yes No

Name of employer at time of injury	Dates of Workmen's Compensation Benefits	
	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever served in the Armed Forces of the United States? Yes No

Branch of Service	Date Entered	Date Discharged or Separated
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you are applying for a Disability Pension, complete the following:

- A. Have you applied for Social Security Disability Benefits? Yes No
If you were granted Social Security Disability Benefits, attach a copy of the Social Security Award letter.
- B. Nature of your disability _____
- C. When did you become disabled? _____
- D. Name and address of your doctor _____

- E. Date of your most recent examination _____
Attach a copy of the medical examination report.
- F. Have you worked at all, at any occupation, since you became disabled? Yes No
If yes, describe your work and periods of employment.
- | From | To | Employer | Monthly Earnings | Kind of Work |
|-------|-------|----------|------------------|--------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

I hereby apply for a pension from the Twin City Iron Workers Pension Fund.

The foregoing statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits and that the Trustees shall have the right to recover any payments made to me because of a false statement.

Date

Signature of Applicant

Application must be submitted at least three full calendar months before the date on which pension payments, if approved, are to begin.

When you submit your application, you will receive a letter acknowledging its receipt. You will be advised if any further information is required, and you will be notified in writing of the decision made by the Board of Trustees.

RETIREMENT DECLARATION

In retiring on a pension from the Twin City Iron Workers Pension Trust Fund, I declare that I will be bound by all of the Rules and Regulations of the Pension Plan regarding Disqualifying Employment as listed below:

Disqualifying Employment For Retirees Under Age 62

Before age 62, your pension will be suspended for any month you work in disqualifying employment. Disqualifying Employment means:

1. Employment in Covered Employment**, or
2. Employment or self-employment in the same or related business or industry as a contributing Employer, or
3. Employment or self-employment in the Construction Industry (other than Covered Employment)

** Retirees may work in Covered Employment up to a maximum of 300 hours of work in any Calendar Year without incurring a suspension of monthly benefit payments.

There is **no limit** to the geographic area covered for the employment described above.

Disqualifying Employment for Retirees After Age 62

After age 62, retirees can work in Covered Employment up to 300 hours of work in any Calendar Year without a suspension of benefit payments. If you work more than 300 hours, your benefit will be suspended for any remaining months in that pension credit year in which you work or are paid for at least 40 hours in disqualifying employment, beginning with the month in which you exceed the hours limit. Disqualifying employment means employment or self-employment that is:

1. In an industry covered by the Plan
2. In the geographic area covered by the Plan; and
3. In any occupation that you worked under the Plan at any time or any occupation covered by the Plan when your pension payments began.

However, if you worked in covered employment only in a skilled trade or craft (that is, only as an Iron Worker), employment or self-employment is disqualifying employment only if it is in work that involves the skills of that trade or craft directly or, for supervisory work, indirectly.

There is no Disqualifying employment for Retirees over 70 ½ years of age.

You must notify the Plan Administrator, in writing, within 21 days after you start to work in disqualifying employment.

I understand that if I perform work in violation of the Rules and Regulations of the Pension Plan and this Retirement Declaration:

1. My pension payments will stop for the months in which I work.
2. My pension payments may be stopped for an additional three months if I fail to notify the Trustees in writing of my pre-age 62 disqualifying employment.

Signature

Date

Instructions to Pension Applicants

Proof of Age

In order to be eligible for retirement benefits, you must furnish proof of your age. The following list shows the type of documents that may serve as proof of your age. Some of the documents are better proof than others. This list is arranged starting with the best type of proof and continues down to the less desirable types of documents.

You are required to furnish the best type of proof that is available. It is recognized that, in certain instances, a birth certificate may not be available, particularly for those who were born outside of the United States. In such cases, you should secure the best type of proof. Additional proof may be requested if the document you submit is not convincing proof.

Photostat copies of the document may be submitted. Note: Naturalization Papers, United States Passports and Immigration Papers may not be photocopied. If any of these is the only proof you have of your age, submit the original and it will be returned to you.

1. A birth certificate
2. A 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 a public registry of vital statistics
4. Hospital birth record, certified by custodian of such record
5. A foreign church or government record
6. A signed statement by a physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
7. Naturalization record
8. Immigration papers
9. Military record
10. Current - Passport
11. School record, certified by the custodian of such record
12. Vaccination record, certified by the custodian of such record
13. An insurance policy that has been in force at least ten years and shows the age or date of birth
14. Marriage records showing date of birth (application for marriage license or church record, certified by the custodian of such record, or marriage certificate)
15. Other evidence such as signed statement from persons who have knowledge of the date of birth, voting records, poll-tax receipts, etc.