



# CALIFORNIA IRONWORKERS FIELD PENSION APPLICATION

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www.ironworkerbenny.com

## GENERAL INSTRUCTIONS

1. Please read the application and instructions carefully.
2. Type or print all information in ink.
3. Be sure to answer all applicable questions. This will avoid delay in having your application processed.
4. Be sure to date and sign the application and have the signatures notarized.
5. Call the Pension Department with any questions or for help in completing the application.

Name \_\_\_\_\_  
(last) (first) (middle)

Address \_\_\_\_\_  
(Street number) (City) (State) (Zip)

Social Security No. \_\_\_\_\_ Telephone No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date Last Worked or Will Work \_\_\_\_\_

Local Union No. \_\_\_\_\_ Book No. \_\_\_\_\_

Marital Status: Single  Married  Separated  Divorced

**If you are divorced, you must submit a complete copy of your final divorce papers pertaining to property settlement for the California Ironworkers Field Pension Trust.**

## INSTRUCTIONS ON PROOF OF AGE:

Submit *one* of the following:

A certified copy of birth certificate or a certified copy of baptismal certificate or statement as to the date of birth shown by a church record certified by the custodian of such record.

If you cannot submit a certified copy of either a birth certificate or baptismal certificate, submit photocopies of two (2) of the proofs listed below. You are cautioned, however, that Naturalization records, United States Passports and Immigration records may not be photocopied. If you are submitting any of these, you must submit the original; it will be returned to you. Additional proofs of age may be required if the documents you submit do not constitute convincing proof of your age. Passports and Immigration records should be sent by certified mail.

1. Notification of registration of birth in a public registry of vital statistics.
2. Certification of age by the United States Census Bureau.
3. Hospital birth records certified by the custodian of such record
4. A foreign church or government record.
5. A signed statement certifying date of birth by the physician or midwife who was in attendance at birth.
6. Naturalization record (Photocopy not permitted; submit original).
7. Immigration record (Photocopy not permitted; submit original).
8. Military record.
9. Passport (United States Pas sport may not be Photocopied; submit original).
10. School record, certified by the custodian of such record.
11. Vaccination record, certified by the custodian of such record.
12. An insurance policy at least 5 years old.
13. Marriage record (application for marriage license or church record certified by the custodian of such record, or marriage certificate only if date of birth is listed).
14. Confirmation record (only if date of birth is listed).
15. Other evidence, such as voting record, poll tax receipts, driver's license, or 2 signed statements from persons who have knowledge of the date of birth (statements must be notarized.)

## PENSION APPLICATION

I hereby apply for the distribution of my pension from the California Ironworkers Field Pension Trust in the following form:

- Vested Pension (5 years of Vesting Service Credit and age 62 – must have been Active June 1, 1998 otherwise have 10 years of Vesting Service Credit and age 65)
  - Regular Pension (10 years of Pension Credit and age 62)
  - Service Pension/Golden 85 (Pension Credits + Age = 85 – at least 10 Credits must be earned in this Plan’s Jurisdiction)
  - Early Retirement (10 years Pension Credit and at least age 45)
  - Level Income Option (Plan provides supplemental income until Social Security Age. May be Early Retirement or Service Level Income Option)
- I would like an estimate of my benefits under this option. I will retire on Social Security at age  62  65.  
**You must submit an estimate of benefits from Social Security in order for us to calculate this benefit.**
- Pro-Rata Pension (See Pension Booklet for details)
  - Disability Pension (5 years Pension Credit with this Plan, totally disabled with Social Security Disability Award)

**Disability Benefit Notice** – Remember that effective December 1, 1993, the Rules and Regulations of the Plan require that if you are applying for a Disability Pension and are at least 45 years of age with a minimum of 10 years Future Service Credit with this Plan (5 years eff. June 1, 1998), you must apply and be eligible for a Social Security Disability Benefit from the SSA. In order to be eligible to convert your Early Retirement Pension to a Disability Pension, you must submit evidence to the Trust Office of your having applied for Social Security benefits within 90 days of the date your application is received by the Trust.

### DISABILITY INFORMATION

1. Date you first became disabled - \_\_\_\_\_
2. Nature of your disability - \_\_\_\_\_
3. From the date you first became disabled, have you engaged in any employment? If so, give details such as dates and type of employment.  
 \_\_\_\_\_  
 \_\_\_\_\_

### UNION MEMBERSHIP

List all Local Unions affiliated with the International Association of Bridge, Structural & Ornamental Ironworkers in which you have worked (*you may use an additional sheet of paper if necessary*).

LOCAL	CITY AND STATE	FROM	TO

If you are married, your pension will be paid automatically in the form of a Husband and Wife Pension unless rejected. Under the Husband and Wife Pension, you will receive a reduced monthly benefit during your lifetime, and upon your death, your surviving spouse will receive a monthly benefit equal to 50%, 75%, or 100% of the amount you were receiving at death for the rest of your spouse's life. The amount payable to you is reduced to compensate for the fact that the benefit will be paid over two lifetimes rather than one. How much benefits will be reduced with a Husband and Wife Pension depends on the difference in age between you and your spouse. If your spouse is much younger than you, benefits will be reduced more than if you were close to the same age or if your spouse is older than you. The reduction is calculated as follows:

<b>TYPE OF PENSION</b>	<b>SINGLE LIFE BENEFIT REDUCTION (NON-DISABILITY PENSIONS)</b>
50% Husband and Wife	92% minus .4% for each full year your spouse is younger or plus .4% for each full year your spouse is older than you
75% Husband and Wife	88% minus .4% for each full year your spouse is younger or plus .4% for each full year your spouse is older than you
100% Husband and Wife	85% minus .5% for each full year your spouse is younger or plus .5% for each full year your spouse is older than you

<b>TYPE OF PENSION</b>	<b>SINGLE LIFE BENEFIT REDUCTION (DISABILITY PENSIONS)</b>
50% Husband and Wife	82% minus .4% for each full year your spouse is younger or plus .4% for each full year your spouse is older than you
75% Husband and Wife	76% minus .4% for each full year your spouse is younger or plus .4% for each full year your spouse is older than you
100% Husband and Wife	70% minus .5% for each full year your spouse is younger or plus .5% for each full year your spouse is older than you

If you and your spouse do not want the Husband and Wife Pension, you will receive a lifetime pension with 36 payments certain. However, you cannot reject the Husband and Wife Pension more than 90 days before the effective date of your pension, and the Fund will disregard a rejection that is dated too early.

### **UNMARRIED PARTICIPANTS**

If you are not married, your pension benefits will be paid automatically in the form of a lifetime pension with 36 payments certain. Under this form of benefit, you will receive a monthly pension benefit during your lifetime, with a guarantee that if you die before receiving 36 monthly payments, the monthly benefit will be continued to your designated beneficiary until a total of 36 payments have been made.

### **EARLY RETIREMENT LEVEL INCOME OPTION**

If you retire early and your benefit payments from this Plan begin before your Social Security benefits begin, you may elect this form of benefit payment. If you elect this option, you must decide whether you want your Social Security benefits to begin at age 62 or 65. Under this form of payment you will receive larger monthly payments from this Plan than you would otherwise have been entitled to receive until the date you elected to have your Social Security benefits begin. Your benefit payments from this Plan will be reduced after the date you elected to have your Social Security benefits begin. This form of payment seeks to provide, as nearly as possible, a level income for life, taking into account the likely receipt of the primary Social Security benefits after you reach age 62 or 65. If you elect this form of payment but die before you have received 36 monthly payments, your beneficiary will receive an amount equal to 36 times the monthly Early Retirement Pension you would have received had you not elected this option, minus all pension payments made before your death. The Level Income option may not be revoked after benefit payments have begun. If you elect this option, you must submit a copy of your estimated Social Security benefit at age 62 and age 65.

**YOU MUST REJECT THE HUSBAND AND WIFE PENSION IF YOU ELECT THE LEVEL INCOME OPTION.**

### **EFFECTIVE DATE**

Under IRS regulations, you may have at least 30 days after receiving the explanation of our Plan's benefit payment options to decide how you want your pension paid before payments commence. If you do not want to wait, we are willing to start payments earlier, with your express consent and that of your spouse. Under the rules of the Plan, you will be permitted to change your choice of a form of payment at any time during the first 90 days after you file your application, even if your pension benefits have already begun. However, if you are married when you retire you cannot reject the Husband and Wife Pension more than 90 days before the effective date of your pension, and the Fund will disregard a rejection of that pension form that is dated too early.

**ELECTION**

Prior to electing or rejecting the Husband and Wife Pension, I would like an estimate of the pension payable to me under each form (Single, 50%, 75%, or 100%). **Enclosed is my spouse's proof of age and proof of our marriage.**

I hereby reject the Husband and Wife Pension and elect the lifetime pension with 36 payments certain.

I have applied for pension benefits from the California Ironworkers Field Pension Trust with an effective date of \_\_\_\_\_. I recognize that, under federal law and regulations, the Plan would ordinarily not start to pay my benefits for at least 30 days after my spouse and I receive an explanation of the Plan's benefit payment options. Because I do not want to wait for the payments, and possibly lose benefits as a result, and because the Plan's retroactive election feature give me and my spouse ample time to make an informed decision, acting on behalf of myself, my heirs, successors and assigns, I hereby authorize the Plan to dispense with that 30-day advance waiting period and agree not to challenge the validity of my choice of payment form based on when benefit payments began.

I hereby apply for a Pension from the California Ironworkers Field Pension Trust and acknowledge all choices and designations are made voluntarily.

I certify under penalty of perjury that all of the above statements are true and correct. I also 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.

\_\_\_\_\_  
Participant's Signature Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

**SPOUSE'S CONSENT**

My spouse has applied for pension benefits from the California Ironworkers Field Pension Trust with an effective date of \_\_\_\_\_. I recognize that, under federal law and regulations, the Plan would ordinarily not start to pay his benefits for at least 30 days after he and I receive an explanation of the Plan's benefit payment options. Because we do not want to wait for the payments, and possibly lose benefits as a result, and because the Plan's retroactive election feature give ample time to make an informed decision, acting on behalf of myself, my heirs, successors and assigns, I hereby authorize the Plan to dispense with that 30-day advance waiting period and agree not to challenge the validity of my spouse's choice of payment form based on when benefit payments began.

I have read and understand my spouse's election of benefit as set forth in this application and I understand the effect such election may have on the benefits which may become payable in the event of his death and I hereby agree to said election.

\_\_\_\_\_  
Spouse's Signature Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

**PRO-RATA PENSION APPLICANTS**

If you are applying for a Pro-Rata Pension and you have earned the required 10.0 Pension Credits needed to be eligible for pension benefits in this Plan's jurisdiction, you can, if you would like, choose to have your benefits computed on the basis of this Plan first with the understanding that your payment(s) may be adjusted when your request is approved by the trust fund(s) in the other area(s) you have worked. If you do not want to wait for approval from the other trust fund(s), please sign below.

I do not wish to wait for approval from the trust fund(s) in the other area(s) in which I have worked. Please process my pension with this Plan with the understanding that my pension may be adjusted if and when approved by the other trust fund(s).

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Applicant's Signature

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Date