

The Pension, Hospitalization and Benefit Plan of the Electrical Industry - Pension Trust Fund



PARTICIPANT PENSION BENEFIT APPLICATION

Please return this completed application to:

The Joint Industry Board of the Electrical Industry Pension Department

158-11 Harry Van Arsdale Jr. Avenue

Flushing, NY 11365

Pension, Hospitalization and Benefit Plan
of the Electrical Industry – Pension Trust Fund
Participant Pension Benefit Application

Welcome to your first step in applying for your monthly pension benefit!

The first thing you should do is contact the Pension Department at the Joint Industry Board at 718-591-2000, extension 1280, to set up an appointment with the Pension Director. If you are unable to meet with the Pension Director in person, the Pension Department will arrange for you to have a telephone interview.

At that time, you will receive detailed information regarding:

- The amount of your monthly benefit;
- All applicable joint and survivor options; and
- The disbursement of any other funds administered by the Joint Industry Board that you may have

To avoid delays in the process and receipt of your benefit, please follow these instructions carefully:

1. Print all information requested
2. Read and respond to each page carefully
3. Remember to include all requested and supporting documentation
4. Remember to sign and date this application
5. Submit original application. Faxes and copies will not be accepted

TYPES OF PENSIONS

Standard Pension

- Eligibility: You are eligible for this pension if:
 - You reach age 60;
 - You retire immediately after leaving covered employment;
 - You have earned at least 20 credits; and
 - You have earned a Pension Credit in each of the last 20 consecutive calendar years before the effective date of Pension and have been employed by a Contributing Employer or registered as available for Covered Employment with the Employment Department of the Joint Industry Board (or other applicable employment department affiliated with the Union) throughout the month before the effective date of Pension*.

* Please see the most current Summary Plan Description (“SPD”) for any exceptions that may apply.

- Payment: Your benefit is calculated by multiplying the number of pension credits you have earned by the current unit benefit amount.
- Medical Benefits: If you retire on a Standard Pension, you remain eligible for medical and dental benefits, if applicable.
- *Late retirement adjustments may apply to all pensions effective after age 65.*

Early Retirement Standard Pension

- Eligibility: You are eligible for this pension if:
 - You reach age 55;
 - You retire immediately after leaving covered employment;
 - You have earned at least 20 credits; and
 - You have earned a Pension Credit in each of the last 20 consecutive calendar years before the effective date of Pension and have been employed by a Contributing Employer or registered as available for Covered Employment with the Employment Department of the Joint Industry Board (or other applicable employment department affiliated with the Union) throughout the month before the effective date of Pension*

* Please see the most current Summary Plan Description (“SPD”) for any exceptions that may apply.

- Payment: Your benefit is calculated by multiplying the number of pension credits you have earned by the current unit benefit amount. Early retirement reductions will also be applied.
- Medical Benefits: If you retire on an Early Retirement Standard Pension, you remain eligible for medical and dental benefits, if applicable.

Vested Pension

- Eligibility: If you have worked at least one hour of service on or after October 1, 1999, you are entitled to a Vested Pension if you have earned at least 5 years of Vesting Service and no longer work for a Contributing Employer. If you did not work at least one hour of service on or after October 1, 1999, you must have at least 10 years of Vesting Service to qualify for the Vested Pension. This benefit is payable at age 65, but may be taken, at a reduced value, as early as age 55. Benefits may also be subject to late retirement adjustments if you retire after age 65.
- Payment: The amount of your Vested Pension is based on the plan provisions in effect at the time you last worked for a contributing employer.
- *Late retirement adjustments may apply to all pensions effective after age 65.*

Disability Pension

- Eligibility: You are eligible for this type of pension if:
 - You have been awarded a Social Security Disability award**;
 - You have earned at least 10 Pension Credits; and
 - You have been employed by Contributing Employers or registered as available for such Employment with the Employment Department of the Joint Industry Board (or other applicable employment department affiliated with the Union) for each of the 10 calendar years immediately preceding the illness or injury giving rise to the disability, unless the you were unable to earn a Pension Credit in each of the last 10 calendar years as a result of illness or injury for which Workers' Compensation or disability benefits were payable.
- Payment: For Participants who have met or meet the requirements for a Disability Pension, the monthly amount of the Disability Pension is based upon the Pension Credit Rate in effect at the time the application for the Disability Pension is filed. That Pension Credit Rate shall be multiplied by the greater of (i) the number of Pension Credits, up to 25, the Participant would have earned if he or she were able to continue to work in Covered Employment until the date of his or her Normal Retirement Age or (ii) the number of Pension Credits earned by the Participant. In all cases, if you are eligible to receive a Disability Pension, your benefit will be reduced by the monthly amount of statutory workers' compensation benefits you receive.
- *Late retirement adjustments may apply to all pensions effective after age 65.*

**Important Information Concerning Application for the Disability Pension Benefit:

If you are collecting Workers' Compensation benefits, you must apply for a Disability Pension from the Pension Plan no later than two years after the effective date of the first Workers' Compensation payment you receive. If you are not receiving Workers' Compensation payments, but are totally disabled and not employed by a contributing employer immediately prior to the application for a Disability Pension, you must apply to the Pension Plan within two years after the initial date of disability.

You should not wait until you have received your total and permanent disability award from Social Security to file your application with the Pension Department. Receipt of the Social Security award may take longer than two years and if you have not applied for the Disability Pension within the two years stated above, you will no longer be eligible for a Disability Pension. If your pension application is filed more than two years after the effective date of your first Workers' Compensation payment, you will not be eligible to apply for a Disability Pension.

Late Retirement: *If a Participant begins to collect his pension later than the first of the month following his or her attainment of Normal Retirement Age, the Participant generally will be entitled to an actuarial increase in the amount of his or her pension to reflect the fact that the payments are expected to be paid over a shorter period. If, however, the Participant continues to work in Covered Employment past Normal Retirement Age, the Participant will be entitled to the greater of (i) the actuarial increase referred to in the preceding sentence or (ii) the value of any additional accruals earned for such continued Covered Employment for each year (or portion of a year) after Normal Retirement Age, up until the Participant's required beginning date of April 1 following the year in which the Participant reaches age 70½.*

Accelerated Death Benefit: *If you are an eligible "A" Journeyperson and are terminally ill, you may be eligible for an accelerated death benefit from the Vacation, Holiday and Unemployment Plan ("VHUP"). This benefit is part of the term life benefit provided by the VHUP and **must** be applied for before you formally retire. For more information about the accelerated death benefit, please contact the Members' Records Department at the JIB at (718) 591-2000, ext. 2491.*

PART 2 - Complete this section only if you are applying for a Disability Pension

THE DISABILITY PENSION BENEFIT shall be made available to:

- Participants not eligible for the Standard Pension who have been determined to be totally and permanently disabled by the Social Security Administration and have been awarded a Social Security Disability Award; and
- Have earned at least 10 Pension Credits; and
- Have been employed or been available for employment by contributing employers in covered employment for at least the 10 years immediately prior to being disabled.

The Applicant for the DISABILITY PENSION BENEFIT must:

- Certify his or her intention to retire permanently from any and all employment as long as he or she remains disabled;
- Submit periodic proof of continuing disability to the Pension Committee upon request; and
- Submit to periodic medical exams upon the request of the Pension Committee

Have you been approved for a Social Security Disability Benefit? Yes No Pending

Date of Social Security Disability Award: _____ / _____ / _____
Month Day Year

Monthly amount of Social Security Disability Award: \$ _____

Briefly describe your disability and enclose a copy of your Social Security Disability Award

By signing this document, I

- Certify that I am disabled to the extent that I can no longer secure employment in the electrical industry or any other industry;
- Certify my intention to retire permanently from any and all employment as long as I remain disabled;
- Agree to submit periodic proof of continuing disability to the Pension Committee upon request; and
- Agree to submit to medical exams upon the request of the Pension Committee

(Signature)

(Date)

Part 3 – Participant’s Statement

I affirm my desire to retire permanently from employment in the Electrical Industry.

I agree to furnish such further written or oral information as the Pension Committee may require.

My Marital Status

(Check all that apply)

Married ___ Divorced ___ Widow(er) ___ Single (never married) ___

If you are currently married, please provide the following information concerning your spouse:

Spouse’s First Name: _____ Spouse’s Last Name: _____

Spouse’s Social Security Number: _____

Spouse’s Date of Birth: ____/____/____ Date of Marriage: ____/____/____
Month Day Year Month Day Year

My pension benefit is ___ is not ___ subject to a Qualified Domestic Relations Order ("QDRO").

Joint and Survivor Benefit

The Pension, Hospitalization and Benefit Plan of the Electrical Industry – Pension Trust Fund provides that a married Participant shall receive, instead of the full monthly benefit to which he or she is entitled, a reduced monthly benefit as long as he or she lives, with the provision that after his or her death, one half (50%) three-quarters (75%) or one hundred percent (100%) of such reduced monthly benefit shall continue to be paid to his or her eligible spouse for the remainder of the spouse’s lifetime. This Joint and Survivor option can be waived only if the Participant and spouse both waive this option in writing. If this option is waived, the Participant will receive a “single life benefit,” which will provide a larger monthly pension benefit for the Participant’s lifetime, but will cease upon the Participant’s death with no survivor benefits, other than a 36-month guarantee, payable to a surviving spouse. The Plan will provide a form to elect or waive the Joint and Survivor options, as well as a detailed explanation of each available option, at a later date.

State briefly the reason for applying for the Pension Benefit:

I attest to the fact that all of the above statements are true and agree to indemnify and hold the Pension, Hospitalization and Benefit Plan - Pension Trust Fund, the Joint Industry Board of the Electrical Industry, their trustees, employees and their fiduciaries harmless against any claims that may arise as a result of these statements.

Signature _____
Date

NOTARY

STATE OF _____)
) ss:
 COUNTY OF _____)

On this _____ day of _____, 20____ before me personally came _____ to me known and known to me to be the individual described herein and who executed the foregoing document and acknowledged to me that _____ executed the same.

(Notary Public)

Part 4 - Required Documents

This list will help ensure that you have enclosed all necessary documents with your application. Any missing or incomplete documents may delay the processing of your application for benefits.

Please enclose with your application:

- Copy of your Birth Certificate/Proof of Age
- Copy of your Social Security Card
- Copy of form DD-214 if in Military Service during your time in Covered Employment

If you are presently married:

- Copy of Spouse’s Birth Certificate/Proof of Age
- Copy of Spouse’s Social Security card
- Copy of Marriage Certificate

If you have been previously married:

- Entire copy of signed Divorce Decree, Settlement Agreement, Qualified Domestic Relations Order (“QDRO”) or Death Certificate
- Other: _____