



INSTRUCTIONS FOR APPLICATION FOR BENEFITS

SECTION I. GENERAL INFORMATION

This application must be completed in its entirety and mailed to the Fund office. Incomplete applications will be returned to you for completion and could delay the start of your benefit. For an application to be considered complete, you must also submit proofs of birth and marriage (if married). Benefits cannot begin until the Fund Office has received all necessary supporting documents. We recommend you submit your application 90 to 120 days before your desired retirement date.

A. REQUIRED PROOFS

The Central Pension Fund requires that participants submit proof of age and marriage when applying for benefits. Proofs of age are required for both the participant and the spouse or Contingent Annuitant. We cannot finish processing your benefit without these documents.

Do not submit original documents. Only clear photocopies or state certified documents will be accepted and such documents will not be returned to you. Your benefit will not begin until we receive all the necessary documents.

1) PROOF OF AGE

For proof of age, we require a clear photocopy or state certified birth certificate for you and if married, your spouse. If a copy of your birth certificate is not available, we can accept one **notarized** copy of the following documents as an alternative proof of age: Naturalization Record, Family Bible, Record of Baptism, Passport, or Elementary School Records.

If any of the above is not available, then **notarized** copies of any two (2) of the following will be accepted provided they detail your age:

Census Records	Immigration Records
Church Records	Insurance Policies over 3 Years Old
Civil Service Records	Military Records
Driver's License	Savings Bank Records Over 3 Years Old
Employment Records	Social Security Records
Fraternal Records	Union Records
Hospital Records	Voter Registration

Please note, copies of any documents submitted will not be returned to you.

2) PROOF OF MARRIAGE/DIVORCE

Under Section 1 of the application (Personal Information), you must indicate your current marital status, indicating whether you are single, married, widowed, or divorced. If widowed, you must submit a certified death certificate. If divorced, you must provide a copy of the divorce decree and related separation/property settlement agreement, if any. In addition, if applicable, you must also submit an original or court-certified copy of any domestic relations order relating to your retirement benefit.

If you are married or if you elect a Contingent Annuitant form of benefit, you must also complete Section 3 of the application (Spouse or Contingent Annuitant Information).

For proof of marriage, we require either a clear photocopy or state certified marriage certificate or a **notarized** copy of a Church Record showing the date of marriage.

Common-law marriages will be recognized under the laws of the state in which you reside provided two (2) appropriate proofs are submitted. Acceptable proofs for common-law marriages include: **notarized** documents verifying co-habitation such as deeds to property, joint tax returns, bank accounts, leases, or other similar legal documents. In addition, you will need to submit two (2) **notarized** statements from disinterested, i.e., not related, persons who can attest to you living together and presenting yourself as married in the community. We also require a **notarized** affidavit from both parties verifying there was no legal impediment to the formation of a marriage and the parties intended to form a marriage. If either party was previously married, we would also require proof that marriage ended by death or divorce.

B. WORK HISTORY

Under Section 2 of the application (Employment and Work History), you must list (a) all employers you have worked for during the past five (5) years (if any), (b) your start date and end date with each of those employers, and (c) your specific job title with each of those employers. In addition, if you are over the age of 65, you must list all employers you have worked for on or after the age of 65, even if your employment with such employers occurred more than five (5) years ago. If additional space is needed, please list this information on a separate sheet of paper and attach it to your Application for Benefits. If you did not work for any period in the time between age 65 and your requested retirement date you **MUST** indicate this in the Employer column, along with the start and end date of the period(s) you did not work. For example, if you turned 65 on January 1, 2020 and you did not work at any point between age 65 and your requested retirement date of January 4, 2023, you would write “Did not work from 1/1/2020 through 1/1/2023.”

Finally, if you are over the age of 70 ½ and are currently working for a Contributing Employer, you must indicate whether you plan on continuing to work for your Contributing Employer without separating from employment, in which case you do not need to answer the last day worked question below.

For all other participants, we must know your last day worked, and you must indicate a desired retirement date. If you are under the age of 70 ½, in order to commence retirement benefits, you must terminate your employment and completely stop working in any job classification for which contributions were previously made on your behalf. This rule applies to both union and non-union employment (including supervisory work).

After you retire and begin receiving a monthly benefit from the Central Pension Fund, you **may** return to work under certain circumstances so long as you notify the Fund Office in writing and adhere to the Fund’s return to work rules. Under those rules, upon notification to the Fund Office, you may return to work **as long as you do not work more than 40 hours in a calendar month** in a trade or craft for which you were employed at any time under the Plan. For participants who are under the age of 70 ½, this restriction applies to work with both non-union or non-participating employers, as well as union employers, and includes supervisory duties related to your prior job classification.

In addition to providing your work history, please indicate if you have worked under the jurisdiction of any of the Locals listed on page 1 of the application. The Locals listed have independent pension funds and may not be participating Local Unions in the Central Pension Fund. However, the Central Pension Fund has reciprocity agreements with these Locals and credited service in these local plans may be applied in determining your eligibility for Central Pension Fund benefits. Upon receipt of a complete application, a comprehensive review of your records will be made to ensure you receive the maximum benefit available to you. An incomplete application may increase the time needed to complete the processing of your application.

C. DESIGNATION OF BENEFICIARY

To designate a beneficiary, please complete Section 4 in its entirety. If you fail to designate a beneficiary, any death benefits that may be payable will be paid in accordance with the Plan of Benefits.

It is important to note that you may change your designated beneficiary at any time by filing a new Designation of Beneficiary form with our office. The change will take effect upon receipt of the completed form at the Central Pension Fund. If your named beneficiary does not outlive you, payment of any and all proceeds which may be due at your death will be paid to the first surviving class of the following successive beneficiaries: (1) your spouse, (2) your surviving children, (3) your surviving parents, (4) your surviving brothers and sisters, or (5) the executor or administrator of your estate. If any of the surviving children are minors, payment will be made upon appointment of a legal guardian or in the absence of such an appointment, to such adults as can be shown to have assumed custody and principal support of such minors.

You may designate your estate as beneficiary if you so desire, however, we will need the name, address, and social security number of the executor or administrator of your estate, as well as the tax identification number of the estate.

D. FEDERAL WITHHOLDING TAX

The payments you receive from the Central Pension Fund are subject to Federal Income Tax Withholding. As a result, after determining your eligibility to receive a benefit, the Central Pension Fund will provide you with a tax withholding form to complete. You should consult your tax advisor if you have any questions relating to the appropriate tax withholding in your case. The Fund Office cannot provide tax advice.

E. SIGNATURES

Finally, the application must be **signed and dated**. Applications that are missing the applicant's signature will be returned to you and will delay the start of your benefit.

F. WHEN PAYMENTS BEGIN

If your application is complete and all required documents have been submitted at least 90 to 120 days prior to your requested retirement date (or payment date if you have requested a retroactive retirement date), your pension payments will generally commence on your retirement date. However, if your application is incomplete due to missing information, or if your application, including all required documentation, was not received within 90 to 120 days of your retirement date, it is possible that your initial check will be paid after your retirement date.

SECTION II. BENEFIT INFORMATION

There are two basic benefits available to eligible Participants: retirement and disability. The types of benefits and eligibility requirements are discussed below. For more detailed information on benefits and eligibility qualifications, please refer to the Summary Plan Description.

A. RETIREMENT BENEFITS

1) TYPES OF BENEFITS

- a) **Normal Retirement:** You must have reached age 65 and have 5 years of Total Vesting Service with at least one (1) hour reported January 1, 1989 or later and prior to your 65th birthday. If you do not have service reported after January 1, 1989, you must have reached age 65 and have 10 years of Total Vesting Service.
- b) **Special Retirement:** You must have reached age 62 and have 25 years of Total Credited Service. This is an unreduced benefit equivalent to the Normal Retirement benefit.
- c) **Early Retirement:** You must be between ages 55-64 and have 10 years of Total Vesting Service. This benefit is discounted from your Normal Retirement benefit by 0.25% per month (3% per year) for each month that you are less than age 65 (or age 62 if you have 25 years of Total Credited Service).

2) FORMS OF PAYMENTS

After you submit your application, your eligibility will be verified, and you will be notified of the amount of your monthly benefit. You will then be required to select one of the following forms of your monthly benefit:

- a) **Qualified Joint & Survivor Annuity:** If you are married, the normal form of payment will be the 50% Qualified Joint & Survivor Annuity (QJSA). Married participants cannot elect a Life Annuity or a Contingent Annuity unless your spouse signs a Spouse's Agreement form waiving any rights to a 50% QJSA benefit. The QJSA is a reduced benefit that provides for monthly payments for your lifetime and then in the event of your death, monthly payments for the lifetime of the spouse you were married to as of your benefit commencement date. You may choose to have your spouse receive 50%, 66 2/3%, 75% or 100% of your monthly benefit. It also provides that no less than 60 payments will be made to you or your beneficiary in the amount you are receiving, but only with respect to that portion of the benefit attributable to contributions for the period ending on or before July 31, 2005. Should you and your spouse die within the initial 60 months of your retirement, the remainder of any monthly payments would be paid in a discounted lump sum to a secondary beneficiary.
- b) **Life Annuity with 60 Monthly Payment Minimum Guarantee:** The Life Annuity is an unreduced benefit which provides that monthly payments will be made to you for your lifetime. If you are not married, this will be in the form of monthly payment unless you select the Contingent Annuitant benefit. If you have not received 60 monthly payments at the time of your death, your designated beneficiary(s) will receive the remainder of the 60 payments monthly or in a discounted lump sum, but only with respect to that portion of the retirement benefit attributable to contributions for the period ending on or before July 31, 2005. If you are married and are selecting this option, your spouse must sign a Spouse's Agreement waiving any rights to a QJSA benefit.

- c) **Contingent Annuitant:** This benefit is similar to the QJSA described above, but you may designate anyone you desire to receive a benefit upon your death. The amount payable would be 50%, 66 2/3%, 75% or 100% of your monthly benefit; however, the monthly amount you receive would be reduced in order to provide the Contingent Annuitant benefit. If you are married and selecting this option, your spouse must sign a Spouse's Agreement waiving any rights to a QJSA benefit.

Your election as to the form of payment must be made before your benefit payment date and generally cannot be changed thereafter.

B. DISABILITY BENEFITS

Benefits are payable to participants who have become totally and permanently disabled and who meet the eligibility requirements discussed below.

- 1) **Disability Benefit:** You must be under age 65, totally and permanently disabled on or before July 31, 2005, and have 15 years Total Vesting Service. If you have 25 years of Total Credited Service, you must be less than age 62. In addition, to be eligible for a Disability Benefit, you must first receive an award of Disability Benefits from the Social Security Administration and establish that the disabling condition is expected to be permanent and cannot be improved by any known medical treatment or procedures. A Disability Benefit is payable until a participant recovers or reaches his or her Disability Conversion Date, whichever occurs first. If you were found to be totally disabled by the Social Security Administration on or before July 31, 2005, your Disability Conversion Date is your Special or Normal Retirement Date; otherwise, your Disability Conversion Date is your Early Retirement Date. At that time, you must elect to receive a retirement benefit under one of the options described above. When applying for a Disability Benefit, you must submit copies of your Award Letter from the Social Security Administration, the Disability Report submitted to Social Security, and a Statement for Permanent and Total Disability Benefits, fully completed by you and your attending physician. If you were Totally and Permanently Disabled on or after August 1, 2005, and are otherwise eligible to receive an Early Retirement Benefit, you are not eligible to receive a Disability Benefit.

If you have any questions regarding this application or your retirement, please contact:

Participant Records Department
Central Pension Fund
4115 Chesapeake Street NW
Washington DC 20016
202-362-1000
800-789-5721

or review the information in the Summary Plan Description on the CPF web site at:

www.cpfuoe.org



BENEFIT APPLICATION CHECKLIST

Congratulations on getting ready to retire. This checklist will help to ensure that your application is completed in its entirety BEFORE mailing it to the Central Pension Fund so it may be reviewed and processed in a timely manner. As noted in the Instructions to the Application for Benefits, to ensure timely payment of your retirement benefits, we recommend that you submit a **completed** Application, **which must include all required proof documents, be signed 90 to 120** days before your desired retirement date.

You can use this to check off each required item as you complete it. Please check our website, the application instructions, or call us at (800) 789-5721 or (202) 362-1000 and select option 5 if you have any questions.

	Single Life Annuity	Joint & Survivor or Contingent Annuitant	Disability
Completed application form			
Proof of Birth ¹	You Spouse	You Spouse ²	You Spouse
Proof of marriage (if married) ³			
Divorce decree, settlement agreement, QDRO (if divorced)	or N/A	or N/A	or N/A
Spouse's State certified death certificate (if widowed)	or N/A	or N/A	or N/A
Affidavit of Participant in Support of Application for Disability Benefits ⁴	N/A	N/A	
SSA Disability Award Letter	N/A	N/A	
CPF Statement for Permanent and Total Disability Benefits	N/A	N/A	
SSA Form 3368-BK (SSA Disability Report)	N/A	N/A	
Completed work history from 65 to retirement (include any periods you did not work too)			N/A
Provided spouse or beneficiary information (including SSN)			
Signed and dated form			

¹ If a clear photocopy of the birth certificate is not available provide NOTARIZED copies of other proofs. Check the list on page 1 of the application instructions for other acceptable proofs.

² Or Contingent Annuitant. For Participants who elect to receive a Contingent Annuitant Benefit, a Contingent Annuitant is a person other than a Qualified Spouse who would be entitled to receive a survivor benefit after your death.

³ Either a clear photocopy of your marriage certificate or a NOTARIZED copy of a Church Record showing your marriage date is acceptable. For Common-law marriages check the list of acceptable proofs on page 1 of the application instructions.

⁴ Only required if you are unable to provide your SSA BK-3368 (SSA Disability Report).



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.

1. Personal Information

I am applying for:

Retirement Benefits

Disability Benefits

Normal

Special

Early

Disability

Name of Applicant:			Social Security No.:
Address:			Phone No.:
City:	State:	Zip:	Date of Birth:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married Date of Marriage: _____ <input type="checkbox"/> Widowed (Submit a Death Certificate) <input type="checkbox"/> Divorced (Copy of Divorce Decree and Property Settlement/domestic relations order, 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.

2. Employment and Work History

Beginning with your current employer, if any, please list your employment for the last five (5) years (regardless of whether your employer participates in the Central Pension Fund). If more space is needed, please list additional employers on a separate sheet. If you have not been employed during the last five (5) years, please indicate that and include the start and stop date of any period you did not work. In addition, if you are over the age of 65, you must provide employment information for all jobs held after the age of 65 even if they occurred more than five (5) years ago.

Employer	Period of Employment From	Period of Employment To	Job Title/Position

If over the age of 70½, are you planning on continuing to work for your Contributing Employer without separating from employment? Please leave blank if you will be under the age of 70½ when you retire.

Yes No (If yes, you do not need to provide your last day worked below).

All Participants must complete the following retirement date information. Incomplete applications will be returned and delay the start of your benefit.

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

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

Please circle the Locals whose jurisdiction you worked and indicate the **total number of 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	15	37	68	137	324	487	571	701 (87)
4	18	39	77	138	370	513	612	800 (326)
12	25	57	101	150 (537)	428	520	653	825
14	30	66	132	302	478	542	675	GPP
NY Hotel Trade Council			City of Chattanooga			Canadian Locals: 115, 793, 870, 955		

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 4) 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 1.

4. Designation of Beneficiary

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

Multiple Beneficiaries No Yes (If yes, please read below)

Name of Beneficiary:		Social Security No. (Required):
Address:		Relationship:
City:	State:	Zip:

NOTE: If a Joint & Survivor benefit or Contingent Annuitant benefit is elected, the designated beneficiary becomes secondary to the Qualified Spouse or the Contingent Annuitant, whichever applies. If a Single Life Annuity is elected, the Designated Beneficiary will be the beneficiary of any benefit due.

If you wish to designate more than one beneficiary (e.g., two children who will share equally), please add the additional names (including address, date of birth, and SSN) on an attached sheet. Anyone wishing to designate an institution or entity (i.e., trust or estate) as a beneficiary must supply the Fund office with documentation that adequately identifies such entity, an authorized representative of that entity (e.g., trustee or executor), and a separate tax identification number (e.g., EIN) for the institution or entity.

5. Signatures

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

I hereby 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: _____

You will be hearing from the Administrative Office within **60 to 90 days** following receipt of this application. If we determine that you are eligible, at that time we will provide you with the monthly amounts payable under the applicable forms of monthly benefits listed on page 3 of the application instructions. Failure to submit all required documents and information may result in a delay in the processing of your application.