

Sheet Metal Workers' Local Union No. 73 Pension Fund

4530 Roosevelt Road Hillside, IL 60162 Phone: (708) 449-7373 Fax: (708) 449-7333

PENSION APPLICATION

Please read all instructions carefully and answer all applicable questions:

1. Name _____
LAST FIRST MIDDLE

2. Address _____
 _____ () _____
CITY STATE ZIP CODE AREA CODE TELEPHONE NUMBER

3. Social Security No. _____ 4. Union Membership No.(I.A. No.) _____

5. Date you retired or plan to retire _____
MONTH DAY YEAR

6. Date of Birth _____ (Attach proof of age. See instructions.)
MONTH DATE YEAR

7. Place of Birth _____
CITY STATE COUNTRY

8. Marital Status: Single Married Divorced Widowed

9. Current Spouse's Name _____
(IF APPLICABLE)

Current Spouse's Social Security No. _____ Current Spouse's Date of Birth _____
MONTH DATE YEAR

10. If you have been divorced, indicate name(s) of former spouse(s), date of marriage(s) and divorce(s):

NAME(S) OF SPOUSE(S)	DATE OF MARRIAGE(S)		DATE OF DIVORCE(S)
	FROM	TO	

IMPORTANT – IF YOU HAVE EVER BEEN DIVORCED, 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)

11. a. When did you first join Sheet Metals' Workers' Local 73? _____
MONTH YEAR

b. When did you first join Sheet Metal Workers' International Association? _____
MONTH YEAR

12. You may be entitled to credit for periods when you received Worker's Compensation benefits.
 If you received benefits, please fill in the section below:

NAME OF EMPLOYER	ADDRESS OF EMPLOYER	DATE			
		FROM		TO	
		MONTH	YEAR	MONTH	YEAR

13. What type of pension are you applying for:
- Regular
 - Deferred
 - Early
 - Rule of 95
 - Reciprocal
 - Disability

14. Complete this question only if you are applying for retirement before age 65 because of disability:

a. What is the nature of your disability? _____

b. When did you first become disabled? _____
MONTH DAY YEAR

c. Name of your Doctor _____

d. Address of your Doctor _____
STREET ADDRESS

CITY STATE ZIP CODE () AREA CODE TELEPHONE NUMBER

e. Was your disability incurred as a result of military services in the Armed Forces of the United States for which you are now receiving a military disability pension?

- Yes
- No

If "yes" what is the amount of the military pension per month? \$ _____

f. Have you worked at all in any occupation since you became disabled?

- Yes
- No

If "yes" describe work and periods of employment: _____

15. Have you ever worked for another Sheet Metal Local Union? Yes No

If "yes" indicate the name of the local and the dates of employment below:

NAME OF LOCAL	DATES OF EMPLOYMENT	
	FROM	TO

16. I hereby apply for a pension from the Sheet Metal Workers' Local 73 Pension Fund. The above statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits.

DATE SIGNATURE

* You will be contacted if further information or proof is required.

* You will be notified *in writing* of the decision on your application.

REMEMBER!! *The Effective Date of your pension is dependent upon how quickly you return the Pension Application and all other mandatory pension documents to the Fund Office. No pension benefits will be paid for any period prior to the first day of the month following the month in which the Participant has submitted all of the appropriate documentation to the Fund Office. A Participant must have all necessary supporting paperwork on file within 90 days after the pension application is received by the Fund Office. If a Participant does not have all the necessary supporting paperwork on file within 90 days after the pension application is received by the Fund Office, then the application will be closed and the Participant must re-apply for pension benefits and will be given a new Effective Date.*