

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:

		DATE			
		FROM		TO	
NAME OF EMPLOYER	ADDRESS OF EMPLOYER	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.*



SHEET METAL WORKERS'
International Association • Local Union No. 73
4530 Roosevelt Road | Hillside, Illinois 60162 | 708.449.7373 | FAX 708.449.7333



Welfare and Pension Funds

DISABILITY PENSION RULES

Dear Participant:

In accordance with the Disability Pension provisions of the Plan, we are requesting that you submit proof that you are, or continue to be, totally and permanently disabled. According to the Plan rules, you are considered **totally and permanently disabled** only if a bodily injury or disease prevents you from engaging in any further employment as a Sheet Metal Worker or other employment in the construction industry and you are unable to work in any other employment or gainful pursuit, except for any activity at which you earn less than \$35,000 per year. You must submit proof that such disability is permanent and that it is expected to continue for the remainder of your life.

The Trustees are the full and final judges of Total and Permanent Disability and of entitlement to a Disability Pension under the Plan. In order to be eligible for a Disability Pension:

1. You must be **totally and permanently disabled** as defined above;
2. You must submit to an examination by a physician selected by the Board of Trustees;
3. You must have at least 10 Pension Credits, including at least four earned during the Contribution Period; and
4. You must have earned at least one-half (1/2) Pension Credit in Covered Employment within the 12 month period immediately preceding when you became **totally and permanently disabled**.

Also, your benefits may be suspended if you have at any time performed any employment in the Sheet Metal Industry at a position not covered by a Collective Bargaining Agreement between the Union and a Contributing Employer.

If you have a Social Security Disability Award, you must provide a copy of the award to the Trustees.

Note: It is important that you file an application for a disability pension immediately. There will be no retroactive payments if you fail to complete an application on a timely basis.

If you have any questions, please contact the Pension Fund Office at (708) 449-7373.

Sincerely,

The Board of Trustees



SHEET METAL WORKERS'

International Association • Local Union No. 73

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Welfare and Pension Funds

To All Prospective Disability Pensioners:

You must have a Disability physical done by Dr. Steven J. DeAngeles. To schedule an appointment, please telephone Dr. DeAngeles' office at 312-922-2500 and ask for Jennifer Castelli at extension 13. You should mention that you are a member of Local 73. Dr. DeAngeles' office is located at 200 South Michigan Avenue, Suite 830, Chicago.

Before going to see Dr. DeAngeles, please understand that Dr. DeAngeles is the medical consultant for the Board of Trustees. He is not the personal physician of individuals who go to him for a disability review. Copies of your personal medical history from your personal physician(s) should be brought with you; but should **always** remain in your possession.

A few points, which are very important to you as a prospective disability pensioner:

- 1) ***Dr. DeAngeles' office is not allowed to send records to Social Security for Social Security disability;***
- 2) ***Dr. DeAngeles is not allowed to send medical reviews or letters to the National Pension Fund. He is not your primary physician. Your primary physician should send all records to Social Security and the National Pension Fund.***
- 3) ***Dr. DeAngeles is under retainer as medical consultant for the Board of Trustees in evaluating members of Sheet Metal Workers' Local Union No. 73 for their Local disability ONLY.***

We will not authorize an examination by Dr. DeAngeles if you have not filed an application for Pension with the Fund Office.



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Welfare and Pension Funds

PROOF OF AGE INSTRUCTIONS

In order that the Pension Fund Office can process your pension application, you must furnish proof of your age. The following is a list of documents which may serve as proof of your age. This list is arranged starting with the best type of proof and continuing down to less desirable types of documents.

You are required to furnish the best proof available. It is recognized that in certain instances a birth certificate may not be available. In such case, you should submit the next best type of proof. If you have used any other name, including a maiden name, additional proof should be included (such as a marriage certificate) to document the change. Additional proof may be requested if the document you submit is not convincing proof.

Photocopies 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 of your age, you have to submit the original and it will be returned to you.

1. Birth certificate.
2. 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 the custodian of such record.
5. 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 his or her record.
7. Naturalization record.
8. Immigration papers.
9. Military record.
10. 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 which has been in force for at least ten years and which shows the age or date of birth.
14. Marriage records showing date of birth or age (application for marriage license or church record, certified by the custodian of such record, or marriage certificate).
15. Other evidence such as signed statements from persons who have knowledge of the date of birth, voting records, etc.
16. Certification of record of age by the U.S. Census Bureau.

NOTE: If you are married, you must include a copy of your spouse's birth certificate or other documentation and your marriage certificate.