IRON WORKERS LOCALS 40, 361 AND 417 PENSION FUND
451 Park Avenue South
New York, NY 10016
212-684-1586

PENSION APPLICATION

PLEASE read all instructions carefully. **Print your answers.** Answer all questions.

1. Name____
   Last Name   First Name   Middle Name

2. Address____
   Number and Street   City   State   Zip Code

3. Social Security No.____________________ 4. Applicant's Date of Birth ______/______/______
   Month   Day   Year

5. Telephone Numbers
   Daytime ____________________
   Evening ____________________

6. Local Union No. ____________________

7. Book No. ____________________

8. E-Mail Address:____________________

9. Marital Status: (Check one)
   - ☐ Single/Not Legally Married
   - ☐ Legally Married But Unable To Locate My Spouse (Additional Documentation is Required)
   - ☐ Legally Married (Attach a Copy of Marriage Certificate)
   - ☐ Widowed (Attach Copy of Spouse's Death Certificate)
   - ☐ Divorced (Attach a Copy of Your Divorce Decree and Settlement Agreement)

10. Date of Marriage______/______/______
    Month   Day   Year

11. Legal Spouse's Name____
    Last Name   First Name   Middle Name
    (Submit Proof of All Name Changes if Different Name is on Your Marriage Certificate)

12. Spouse's Social Security No.____________________ 13. Spouse's Date of Birth______/______/______
    Month   Day   Year

14. Date You Last Worked in Covered Employment or Will Stop Working ______/______/______
    Month   Day   Year

15. Name of Your Last Employer____

16. Date You Wish to Start Receiving a Pension ______/______/______
    Month   Day   Year

17. Are You Now Retired? Yes☐ No☐

18. Do You Receive a Pension from the International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers, A.F.L.-C.I.O.? Yes☐ No☐

19. If "Yes" When Did You Retire on This Pension?______/______/______
    Month   Day   Year

20. Do You Receive Any Other Pension Other Than Social Security? Yes☐ No☐

21. Have You Ever Served in the Armed Forces of the United States? Yes☐ No☐
(If Yes, Attach a Copy of Your Discharge/Separation/Re-Enlistment Papers)

(a) What Branch of Service? ____________________

(b) If "Yes", How Long Did You Serve?

Date Entered ____/____/____ Discharged/Separated ____/____/____
Month Day Year Month Day Year

(c) If You Re-Enlisted, Please Provide: Branch ____________________

Date Re-Enlisted ____/____/____ Discharged/Separated ____/____/____
Month Day Year Month Day Year

22. If you are applying for a Partial Pension, list all jurisdictions in which you have worked:

Local and Area	Date From	Date To	Pension Benefit Status
			☐ Will Apply/Applied ☐ Receiving a Benefit ☐ Will Not Apply
			☐ Will Apply/Applied ☐ Receiving a Benefit ☐ Will Not Apply
			☐ Will Apply/Applied ☐ Receiving a Benefit ☐ Will Not Apply
			☐ Will Apply/Applied ☐ Receiving a Benefit ☐ Will Not Apply

23. Have You Ever Received Workmen's Compensation Benefits? Yes☐ No☐

If Yes, From ____/____/____ To ____/____/____
Month Day Year Month Day Year

24. Have You Ever Received Weekly Accident and Sickness Benefits (off job disability)? Yes☐ No☐

If Yes, From ____/____/____ To ____/____/____
Month Day Year Month Day Year

Disability Pension Applicant Between Age 35 And 62 Only

25. Date You First Became Disabled______/______/______ 27. Is Your Disability Job Related? Yes☐ No☐
Month Day Year

28. Nature of Your Disability ____

29. Name of Your Doctor ____

30. Doctor's Address____
Number and Street City State Zip Code

31. What Proof of Disability is Being Submitted with this Application?______________________

32. Have You Worked At All, At Any Occupation, Since You Became Disabled? Yes☐ No☐

(a) Period of Employment, From ____/____/____ To ____/____/____
Month Day Year Month Day Year

(b) If Yes, Name of Employer______________________ Monthly Earnings $__________

(c) Description of Your Work______________________________________

33. What is Your Social Security Disability Benefits Status? (Check one)

☐ I have been **APPROVED** for Disability Benefits from Social Security and it is dated____/____/____
Month Day Year

☐ I have been **DENIED** Disability Benefits from Social Security

☐ I do **NOT INTEND** to apply for Disability Benefits from Social Security (note applying is required).

☐ I have **NOT** received a decision. I applied for Disability Benefits from Social Security on____/____/____.
Month Day Year

34. If you have **RECEIVED TWO REJECTIONS** of your Disability Benefits with Social Security, and if you feel that you meet the definition of total and permanent disability (see Plan Rules), the Fund Office can attempt to arrange for a physical examination, at the Pension Fund's expense, with an independent physician in your area. If you would like the Fund Office to schedule a physical examination, you must give the Fund Office your permission by completing and signing below and submit all medical records, which support your total and permanent disability, as defined under the rules of the Plan. (Please check only one):

☐ I hereby **ELECT** for the Fund Office to attempt to arrange for a physical.

☐ I hereby **DO NOT** elect for the Fund Office to arrange for a physical.

To the best of my knowledge, all of the above information is true and correct. By signing in this box, I hereby authorize the Fund Office to make the necessary arrangements for a physical examination, by an independent physician, at the Fund's choice and expense, in my area.

Signature______________________________ Dated________________

I certify that the statements made by me in this application are true to the best of my knowledge and belief. I understand that a false statement may cause loss of some benefits and that the Iron Workers Locals 40, 361 and 417 Pension Fund has the right to recover any payments made to me in reliance upon such false statement.

______________________________ ________________
(Signature of Applicant) (Date)

In order to be eligible for retirement benefits, you are required to submit proof of age for yourself and your legal spouse; proof of marriage; proof of any changes in any legal name for yourself or your spouse (i.e., divorce decree, death certificate, etc.). The following is a list of the documents, which may serve as proof of age. This list begins with the most acceptable types of proof (#1 birth certificate) and ends with the less desirable. Additional proof of age may be requested if the document you submit is not convincing proof. Therefore, it is to your advantage to furnish an item ranked highest in order of preference on the list. Check the box for the proof of age items submitted with this application:

Check the box for each item submitted and who it concerns, you (or your spouse if applicable).			
☐ 1. Birth Certificate ☐ Participant ☐ Spouse	☐ 2. Baptismal Certificate ☐ Participant ☐ Spouse	☐ 3. Passport (Valid, Not Expired) ☐ Participant ☐ Spouse	☐ 4. Hospital Statement of Birth ☐ Participant ☐ Spouse
☐ 5. A Signed Statement by the Physician or Midwife ☐ Participant ☐ Spouse	☐ 6. Social Security Statement/Award Letter ☐ Participant ☐ Spouse	☐ 7. Notification of Registration of Birth in a Public Registry of Vital Statistics ☐ Participant ☐ Spouse	☐ 8. Naturalization Record ☐ Participant ☐ Spouse
☐ 9. Marriage Record (Provided it Indicates Date of Birth) ☐ Participant ☐ Spouse	☐ 10. School Record ☐ Participant ☐ Spouse	☐ 11. Military Record ☐ Participant ☐ Spouse	☐ 12. Statement from U.S. Census Bureau ☐ Participant ☐ Spouse
☐ 13. Voting or Registration Record ☐ Participant ☐ Spouse	☐ 14. Driver's License ☐ Participant ☐ Spouse	☐ 15. A Foreign Church or Government Record ☐ Participant ☐ Spouse	☐ 16. Bank Record ☐ Participant ☐ Spouse
☐ 17. Employment Record ☐ Participant ☐ Spouse	☐ 18. Other Evidence (subject to Trustee approval) ☐ Participant ☐ Spouse		

EXPLANATION OF PAYMENT OPTIONS FORM

If you are married, your benefit will be paid in the form of a 50% Joint and Survivor Pension with your spouse as beneficiary. You may reject this form of payment and elect the 75% Qualified Survivor Pension or the Single Life Annuity with 120 Guaranteed Monthly Payments, however, your spouse must consent to the form of payment you elect.

If you are not married, your benefit will be paid in the form of a Single Life Annuity with 120 guaranteed monthly payments.

Following is an explanation of each form of payment and an estimate of the monthly amount you would receive under each form.

Single Life Annuity with 120 Guaranteed Monthly Payments

Monthly Benefit $ ___________________

Monthly Benefit to Beneficiary $ ______________

Under this form of payment, you will receive a monthly benefit amount for your lifetime. If you die before receiving 120 monthly payments, monthly payments in the same amount will continue to the beneficiary you have named, until the payments made to you and your beneficiary total 120.

Joint and Survivor Pension

To be entitled to a 50% or 75% Joint and Survivor Pension, you and your spouse must be married to each other on the effective date of your pension. However, if you were married for less than 365 days on the effective date of your pension and die or get divorced before you were married for 365 days, your surviving spouse will not receive the survivor's pension. Once your pension benefits begin, you cannot change your decision about the Joint and Survivor Pension. If you elect a 50% or 75% Joint and Survivor Pension, and your spouse dies after July 1, 2012 and after your pension benefits begin, your reduced pension amount will increase to the full monthly benefit that it would have been had the pension not begun as a Joint and Survivor Pension. A Joint and Survivor Pension, once payments have begun, may not be revoked nor the Pensioner's benefits increased by reason of subsequent divorce of the Spouse.

50% Joint and Survivor Pension

Monthly Benefit $ ___________________

Monthly Benefit to Spouse $ __________

Under the 50% Joint and Survivor Pension form of payment, you will receive a monthly benefit during your lifetime, and upon your death, your spouse will continue to receive monthly payments for his or her lifetime equal to 50% of the monthly amount you were receiving.

75% Joint and Survivor Pension

Monthly Benefit $ ___________________

Monthly Benefit to Spouse $ __________

This form of payment is similar to the 50% Joint and Survivor Pension, except that upon your death your spouse will receive 75% of the monthly benefit you were receiving. In order to provide this greater benefit for your spouse, your monthly benefit will be reduced, and the amount of the reduction in your benefit is greater than the reduction applicable under the 50% Joint and Survivor Pension.

Spousal Consent. Please note that if you are married and elect any form of payment other than a Joint and Survivor Pension, then your spouse must consent in writing to this form of payment. The enclosed Spouse's Consent form must be submitted to the Plan along with your completed Election of Payment Option Form.

RELATIVE VALUE INFORMATION

In order to further assist you in making an informed choice about these forms of payment, federal regulations also require that the Fund provide you with information on the relative values of these benefit payment options. This information is included with this package.

FINANCIAL EFFECT OF EARLY COMMENCEMENT OF BENEFITS

If you are applying for an Early Retirement Pension, your benefit amount will be reduced because you are retiring at a younger age and will be receiving benefits for a longer period of time. The amount of the Early Retirement Pension is the amount of the Regular Pension reduced by one-half of one percent for each month you retire before reaching age 62. If you have at least 30 Pension Credits from this Plan and are at least age 55 but you have not attained age 57, the amount of your Early Retirement Pension is the amount of your Regular Pension reduced by one-half of one percent for each month you retire before reaching age 57.

FINANCIAL EFFECT OF DEFERRING COMMENCEMENT OF BENEFITS

If you delay payment until you reach age 62, your benefit will not be reduced. You may delay the start date of your benefit payments, but your benefit cannot be delayed beyond the April 1st following the calendar year in which you turn age 70-1/2, unless you are still working in Covered Employment at that time. If you are working in Covered Employment when you turn age 70-1/2, your benefit must begin by the April 1st following the calendar year in which you retire.

If you decide to delay payment until after age 65, and you are not working in disqualifying employment, your benefit will be actuarially increased to reflect the later payment. The actuarial increase is 1% per month for the first 60 calendar months after age 65 and 1.5% per month for each month thereafter.

If you have any questions about your pension benefit or the forms of payment, please contact the Fund Office.

PENSIONER ELIGIBILITY FOR HEALTH FUND BENEFITS

Please consult with the Fund Office to determine if you and your dependents are eligible for health coverage under the Iron Workers Locals 40, 361 and 417 Health Fund ("Health Fund"). Generally, if you retire under the Iron Workers Locals 40, 361 and 417 Pension Fund as a Regular, Early Retirement or an Age 57 Plus 30 Year Service Pensioner with 15 pension credits or more, you will be entitled to the benefits under the Health Fund. If you retire under the Iron Workers Locals 40, 361 & 417 Pension Fund as a Disability Pensioner, you will be entitled to the benefits under the Health Fund for a period of two years from the effective date of your Disability Pension. Benefits will continue beyond such two-year period only until such time as you become eligible for Medicare. The eligible dependents of a deceased Early Retirement, deceased Disability Retirement or a deceased Regular Pensioner with at least 15 but less than 25 Pension Credits under the Iron Workers Locals 40, 361 and 417 Pension Plan will be covered for Health Fund benefits for a period of ten years, or until the Pensioner's widow remarries, or until the Dependent dies, whichever is earlier. Children will be covered for benefits until the date of termination due to age under the Health Plan rules or until the date the surviving widow's benefits terminate, whichever occurs first. The type of health coverage you may be eligible to receive under the Health Fund and whether a cost will apply for such coverage, will depend on whether you retire before age 65 or after and number of pension credits.

TEMPORARY CONTINUATION OF HEALTH FUND COVERAGE FOR THOSE NOT ELIGIBLE FOR PENSIONER HEALTH FUND BENEFITS

Additionally, pursuant to the federal Consolidated Omnibus Budget Reconciliation Act (COBRA), the Health Fund offers COBRA Continuation Coverage to you and eligible family members who would otherwise lose coverage under the Iron Workers Locals 40, 361 and 417 Health Fund due to the retirement of a covered employee (18 months of Health Fund coverage) or death of a covered employee (maximum of 36 months of Health Fund coverage). However, if you elect COBRA Continuation Coverage, you must pay for it at your own expense. The COBRA Continuation Coverage will provide you and your eligible child(ren) with coverage identical to the coverage available to active participants and their eligible dependents. You may choose COBRA coverage, but note that if you qualify for Health Fund benefits as described in the "Pensioner Eligibility for Health Fund Benefits" section of this form, such coverage cost may be lower than the cost for COBRA. Note that you will not be given the opportunity to elect COBRA Continuation Coverage upon termination of the extended health benefit described in "Pensioner Eligibility for Health Fund Benefits", even at your own expense. A COBRA Election Notice will be sent to you under separate cover with all of the information you need to understand whether and how to elect COBRA Continuation Coverage for yourself and/ or your dependents.

ELECTION OF PAYMENT OPTION FORM

I have read the Explanation of Payment Options Form, and I understand the financial effect of choosing an optional payment form. I understand that unless I affirmatively elect otherwise, my pension will be paid as a 50% Joint and Survivor Pension if I am married, and if I am unmarried my pension will be paid as a Single Life Annuity with 120 Guaranteed Monthly Payments. I believe that I have sufficient information to permit me to make an election regarding the distribution of my benefits.

Please check one of the following:

☐ I hereby swear/affirm that I am not legally married at this time	☐ I hereby swear/affirm that I am married	☐ I hereby swear that I am unable to locate my spouse (Additional documentation required).

I am married and I hereby elect to have my pension benefits paid in the following manner (check one):

☐ 50% Joint and Survivor Pension	☐ 75% Joint and Survivor Pension	☐ Single Life Annuity with 120 Guaranteed Monthly Payments

Beneficiary Designation: I designate the following individual as my beneficiary for the Single Life Annuity with 120 Guaranteed Monthly Payments. I understand that if I am married I may not change this beneficiary designation without my spouse's written consent.

Name ____
Last Name First Name Middle Name

Address ____
Number and Street City State Zip Code

Social Security No.______________________ Beneficiary's Date of Birth ______/______/______
Month Day Year

By signing my name below I hereby certify and swear/affirm under penalty of perjury that: (1) I have completed this election and that the information given herein is to the best of my knowledge true and correct, and (2) if I am married, the person consenting to this waiver (if applicable) on the attached consent form is my legal spouse. I understand that the Plan has the right to recover any benefits paid to me as a result of any false statements. I hereby revoke any prior election made by me with respect to my benefits under the Plan. I hereby apply for the benefits to which I may be entitled, and agree to be bound by the decision of the Trustees concerning my eligibility and subsequent receipt of benefits under the Plan.

Name of Applicant (Please Print) ______________________________________

Signature: ______________________________________ Date: ____________________

Witnessed by a Notary Public:

State of ______________________)
)   SS:
County of ____________________)

On the ________ day of ______________________________, 20______ before me came ________________

______________________________________, to me known and known to me to be the person described in and who executed the foregoing Consent and Waiver and (s)he duly acknowledged to me that (s)he executed the same of his/her own volition. Witness my hand the day and year aforesaid.

____
Notary Public

SPOUSE'S CONSENT FORM

If You Are Married And Do Not Elect The Joint And Survivor Pension, Your Spouse Must Complete This Form.

I, ____ swear/affirm that I am the legal spouse of
(Spouse's Name)

____,
(Participant's Name)

and that I have read the Explanation of Payment Options Form regarding my spouse's pension benefit from the Iron Workers Locals 40, 361 and 417 Pension Fund.

I hereby consent to my spouse's election of payment in the form of a Single Life Annuity with 120 Guaranteed Monthly Payments.

I also consent to the designation of ____ as beneficiary, and I understand that this designation may not be changed without my further written consent.

I understand that if my spouse elects a Single Life Annuity with 120 Guaranteed Monthly Payments, I will not be entitled to a payment from Iron Workers Locals 40, 361 and 417 Pension Fund after my spouse's death unless I am named as beneficiary for the 120 Monthly Guaranteed Payments, and my spouse dies before receiving 120 monthly payments. I further recognize that because of this rejection, if my spouse elects the Single Life Annuity with 120 Guaranteed Monthly Payments, the pension paid to my spouse while he or she is living may be higher than it would be if he or she elected a Joint and Survivor Pension.

____________________ ____________________________
(Date) (Spouse's Signature)

This document must be signed in the presence of a notary public
Witnessed by a Notary Public:

State of ____________________)
) SS:
County of ___________________)

On the ________ day of ______________________________, 20______before me came

____
to me known and known to me to be the person described in and who executed the foregoing Consent and Waiver and (s)he duly acknowledged to me that (s)he executed the same of his/her own volition.
Witness my hand the day and year aforesaid.

____
Notary Public

WAIVER OF 30-DAY NOTICE PERIOD

Explanation

Federal law requires the Iron Workers Locals 40, 361 and 417 Pension Fund to provide you with a written explanation of the effect of payment of your pension in the form of the 50% Joint and Survivor Pension, 75% Joint and Survivor Pension and a Single Life Annuity with 120 Guaranteed Monthly Payments. This written explanation must be provided to you at least 30 days before your payments begin. However, you may begin receiving payments in less than 30 days if you and your spouse waive the 30-day waiting period. In no event will payments begin before the seventh day after you have received the explanation.

Waiver

We, the undersigned, hereby irrevocably waive our rights to the 30-day waiting period and acknowledge that we have received a written explanation from the Iron Workers Locals 40, 361 and 417 Pension Fund describing the effect of payment in the form of a 50% Joint and Survivor Pension, 75% Joint and Survivor Pension and a Single Life Annuity with 120 Guaranteed Monthly Payments.

______________________________ ______________________________
(Print) Participant's Name (Print) Spouse's Name

______________________________ ______________________________
Participant's Signature Spouse's Signature

____
Date

Witnessed by a Notary Public:

State of ________________)
) SS:
County of ______________)

On the ________ day of ____________________, 20_____

before me came ____________________________ , to me known and known to me to be the person described in and who executed the foregoing Consent and Waiver and (s)he duly acknowledged to me that (s)he executed the same of his/her own volition. Witness my hand the day and year aforesaid.

____
Notary Public

FEDERAL TAX PENSION WITHHOLDING FORM

______________________________________ Participant's Name (Please print)

______________________ Social Security Number

I understand that I must decide whether or not I would like the Fund Office to withhold monies from my monthly pension payment for federal income tax purposes. In making this decision, I am aware of the following:

- I may request that a flat dollar amount be withheld each month, or that the Fund Office use federal income tax tables to withhold the appropriate amount based on my marital status and number of dependents.
- The Internal Revenue Service may impose penalties on me if my estimated tax payments and withholding (if any) are inadequate to satisfy the estimated tax payment rules, and if sufficient federal income taxes are not withheld from my benefit payments.
- I may change my decision regarding federal income tax withholding at any time by contacting the Fund Office and completing a new form.

PLEASE CHECK ONE OF THE FOLLOWING:

☐ **Please do NOT withhold any monies for federal income tax purposes from my monthly pension payment.**

☐ **Please withhold the sum of $____________ each month from my monthly pension payment for federal income tax purposes.**

☐ **Please use federal income tax tables to withhold the appropriate amount from my monthly pension payment for federal income tax purposes, given my marital status and dependents, as indicated below:**

Marital Status: ☐ **Single** ☐ **Married**

Number of Dependents: ____________

______________________________________ Participant's Signature

______________________ Date

AUTHORIZATION FOR DIRECT DEPOSIT

I hereby authorize the Iron Workers Locals 40, 361 and 417 Pension Fund to send all benefit payments to which I am entitled to the bank or other financial institution named below for direct deposit into my account. I agree that receipt by the bank or financial institution of my benefit payments from the Pension Fund shall be treated as receipt by me and that neither the Pension Fund nor its trustees shall be responsible or liable in any way for any error or mishandling of the benefit payments by the bank or financial institution.

This authorization shall remain in effect unless and until cancelled by me in writing and received by the Administrator of the Pension Fund.

Pensioner's Name____
Last Name First Name Middle Name

Pensioner's Social Security No.______________________________

Name of Bank or Financial Institution______________________________

Routing Number______________________________

Account Number______________________________

Your Name
Your Address
Your City, State, Zip
1111
Date________20__
Pay to the order of ________________ $
Dollars
For ________
⑆123456789⑆ 0001234561⑈ 1111
Routing Number Account Number

☐ Checking Account

☐ Savings Account

Pensioner's Signature: ______________________ **Date:** ____________

ATTACH A VOIDED CHECK* OR FORM MUST BE NOTARIZED

TO BE COMPLETED BY NOTARY

The above-named individual appeared before me and signed this ______ day of ____________ ,20 ____

Notary Public: ______________________ My Commission expires on: ____________

SEAL:

*** IF YOU ARE ATTACHING A VOIDED CHECK, YOUR NAME MUST BE PRINTED ON CHECK**