

NORTHERN CALIFORNIA PIPE TRADES TRUST FUNDS FOR UA LOCAL 342

935 Detroit Avenue, Suite 242A, Concord, CA 94518-2501 • Phone 925/356-8921 • Fax 925/356-8938
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RETIREMENT APPLICATION INSTRUCTIONS

To avoid delays in processing, follow these instructions carefully and complete the Application in its entirety.

- **Read and respond to each question. It is essential that you be as accurate and thorough as possible in your responses.** All information must be verified through Trust Fund work history records, the Social Security Administration (“SSA”), and other sources, if available.
- Use blue or black ink only (**do not use pencil**).
- Be sure to sign and date the Application (Page 4).
- Whether or not you are married, a Marital Status Affidavit must be completed and your signature must be notarized (Page 5).

The following Plan required documents must be submitted before Retirement Benefits can commence being paid:

- Proof of your age (refer to the reverse side of these instructions for acceptable proof of age documentation).
- If you are married, proof of your spouse’s age.
- If you are married, a copy of your **Certified Marriage Certificate** (*a Marriage Certificate that has not been filed with the State will not be accepted*).
- Any and all divorce documents, Final Judgments, Marital Settlement Agreements, and Qualified Domestic Relations Orders (“QDROs”), for all prior marriages are required by Federal Law and Plan Rules. If an Interlocutory Judgment contains provisions addressing your Retirement Benefits that must also be submitted.
- If disabled, attach a copy of your Social Security Disability Notice of Award or a completed Authorization to Release Information Form for the Plan’s Independent Medical Review Organization.
- Submit your fully completed **original** Application with the required documents to the Trust Fund Office.

IMPORTANT

It is suggested that you submit your Application **60 days** prior to your anticipated Date of Retirement.

If you submit a Retirement Application more than 90 days in advance of your anticipated Date of Retirement you may be required to complete a new Application and/or provide other documents prior to commencement of your Retirement Benefits to confirm there have been no changes to the information originally submitted. If you have a change in life circumstance (e.g. marriage, divorce, separation) prior to completion of the retirement process, you must notify the Trust Fund Office and you may be required to complete and submit new Forms and/or documents.

Your Date of Retirement can be no earlier than the first day of the month following the date your fully completed Retirement Application is received at the Trust Fund Office, or you terminate employment in the Pipe Trades Industry, whichever is later.

Incorrect or incomplete information and/or missing Plan required documents will delay processing of your Application. While you may submit your Application prior to obtaining all Plan required documents, your Application will not be processed until **all** Plan required documents are received by the Trust Fund Office.

If any discrepancies are noted or further questions arise, additional documents may be required.

RETIREMENT APPLICATION INSTRUCTIONS

PROOF OF AGE

Proof of age documents accepted by the Plan are listed below:

- **Certified Birth Certificate**
A Certified Birth Certificate is one that is issued by the State and bears an official seal. A notarized copy of a Birth Certificate will not be accepted.
- Passport (Unexpired or expired)
- Passport Card (Unexpired or expired)
- REAL ID compliant Driver's License or Identification Card
- Social Security Statement or a letter from the Social Security Administration reflecting your date of birth according to their records.

Submit a photocopy of one (1) of the documents listed above. If you are unable to provide one of these documents, contact the Trust Fund Office.

PROCESSING YOUR APPLICATION

- The Trust Fund Office will review your Application and Plan required documents. You will receive written acknowledgement of receipt of your Application. If applicable, a request for additional information that is required to process your Application will be sent to you.
- Processing of your Retirement Application will remain pending until ALL final hours and contributions, including any Reciprocal hours and contributions have been reported and received by the Trust Fund Office by your Employer(s) and/or any other UA Local(s). Please note, if you are working on a Travel Card/Reciprocity, there may be additional delays in receiving Reciprocal hours and contributions. **The Trust Fund Office has no control over the time frame that these hours and contributions will be received.**
- Processing of your Application may be delayed for review of any requests to continue working after Retirement.
- Upon receipt of all necessary information, Plan required documents, hours, and contributions, your Retirement Benefits will be calculated. You will receive a Pension Analysis reflecting your pension credits and benefits for your review of any discrepancies, along with your Retirement Benefit payment options.
- After your Application has been processed, *before your first payment can be issued*, you must complete and return your Retirement Declaration, Designation of Beneficiary, or if married, Consent of Spouse for Retirement Benefit Election of Payment and Beneficiary Designation Form (your spouse's signature requires notarization). Please be aware that other documents and/or affidavits may also be sent to you for completion.
- If you are eligible for Retiree Health and Welfare Benefits, you will be sent the applicable forms for completion.
- You must respond within 60 days of the date of your Retirement Declaration but not more than 180 days of filing your Application or your Application will be closed. If your Application is closed, you will have to reapply for your Retirement Benefits which will delay your Date of Retirement.

*** For your convenience, a Notary Public is available at the Trust Fund Office***

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RETIREMENT APPLICATION

1. Name _____
(First) (Middle) (Last) Social Security Number _____

2. Address _____
(Street Address) (City) (State) (Zip)

3. Primary Phone # (_____) Secondary Phone # (_____) _____

4. Date of Birth _____ (attach proof of age) Email address _____

5. List all prior names _____

6. Current Marital Status (You must check one)

- Never Married Married Divorced and Remarried Divorced and currently Single
 Divorced and currently Separated Separated Divorce in Progress Divorced and Widowed
 Widowed and Remarried Widowed Widowed and Divorced

If you checked any of the boxes above referencing divorced, you must also provide the information below, in question #7

7. List divorce/separation dates for each divorce. _____

If you have been divorced since your employment began in UA Local 342/444, you must submit a complete copy of your Final Judgment filed with the court and a copy of your court filed Marital Settlement Agreement and/or your court filed QDRO(s).

8. Current Spouse's Name _____
(First) (Middle) (Last) Social Security Number _____

9. List all prior names of Current Spouse _____

10. Current Spouse's Date of Birth _____ (attach proof of Spouse's age)

11. Date of current marriage _____ (attach a copy of your Certified Marriage Certificate if not on file)

Your Date of Retirement can be no earlier than *the first day of the month following the date that:*
1) You terminate employment in the Pipe Trades Industry, or
2) Your completed Retirement Application is received at the Trust Fund Office, whichever is later.

12. Requested Date of Retirement: Month: _____ Day: 1st Year: _____

13. Type of Retirement (check one) - All types of Retirement require you to be vested under the Pension Plan.

*Plan Rules are subject to change, and you must meet all Plan provisions in effect on your Date of Retirement.

- Normal Retirement (Age 65 or older)
- Early Reduced Retirement (Age 55 or older with 10 or more Benefit Credits and Vesting Credits)
- Service Unreduced Early Retirement (Age 55 or older with 25 Benefit Credits and 25 years of Participation in the Plan, must not have had a lapse in UA Local 342 Membership, and must be employed by a Contributing Employer and/or remain on UA Local 342's Out of Work List for the 18-month period immediately preceding the Date of Retirement – special rules may apply)
- Full Disability Retirement with a Social Security Disability Award (“SSDA”) (Credited with at least 300 hours of Covered Employment during any one of the five Plan Years ending with the year of the onset date of disability – special rules apply).
Date Social Security determined you were disabled _____ (Attach a copy of your SSDA). May be subject to periodic disability reviews.
- Partial Disability Retirement (Determination of Total and Permanent Disability by the Plan's Independent Medical Review Organization and meets all other requirements under Full Disability Retirement (with the exception of a SSDA). May convert to Full Disability Retirement – special rules apply).
Date you first became disabled _____ Will be subject to periodic disability reviews.
- Special Disability – Terminal Medical Condition (Single Lump Sum Payment – special rules apply)

WORK HISTORY

If any of the following do not apply to you, indicate “not applicable” (N/A) on the appropriate line(s).

- 14. Year you **first worked** in the Pipe Trades Industry under the jurisdiction of UA Local 342/444 _____
- 15. At any time during your employment in the Pipe Trades Industry, did you work for a Non-Union Employer that was subsequently organized during your employment? No Yes If yes, please list the name of the Employer _____
- 16. Year you **first worked** in the Pipe Trades Industry if different from #14, please explain _____
- 17. Date you **last worked (or plan to work)** in the Pipe Trades Industry _____
- 18. Your current/last Pipe Trades Industry employer, and/or reciprocity worked through any other UA Locals _____

19. **Disability: If no periods of disability, specify N/A.**

Periods of disability may help in preventing a Break in Service (special rules apply). If you were disabled, provide the date(s) of the disability below. The Trust Fund Office may require that you submit proof of disability such as entitlement to State Disability Benefits, a Social Security Disability Award, or medical evidence that cannot be documented from existing Trust Fund records.

Dates of Disability		Dates of Disability	
From Month / Year	To Month / Year	From Month / Year	To Month / Year

20. **Military Service: If you have not been in the Military Service since your Pipe Trades Employment began, specify N/A.**

Military Service that interrupted your Pipe Trades work may count for Benefit Credit or Vesting Credit or help in preventing a Break in Service (special rules apply).

Dates of Military Service		Attach a photocopy of your Form DD-214
From Month / Year	To Month / Year	

21. **Pro-Rata Reciprocal Credit: If you have not been a Member of another UA Local or have not had a Break in Service, specify N/A.**

Credit earned while a Member of another UA Local may count for Vesting or help in preventing a Break in Service (special rules apply). List any work in other jurisdictions while not a Member of UA Local 342/444 below. **Attach Pension Statements from any other Plans if available.**

Dates of Employment		UA Local	Contact Information
From Month / Year	To Month / Year		

22. **Reciprocity: If you worked in any other jurisdiction(s) while a Member of UA Local 342/444, and contributions have not been reciprocated to UA Local 342, list the information below, otherwise specify N/A.**

Dates of Employment		UA Local	Contact Information
From Month / Year	To Month / Year		

23. **Self-Employment: If you have never been Self-Employed and/or have never had a Contractor's License, specify N/A.**

If at any time after you became a Member of UA Local 342/444, you were Self-Employed and/or if you have ever had a Contractor's License, list all details below (attach an additional page if necessary).

Dates of Self Employment and/or Contractor's License		Name / Type of Business / Address / Phone Number / License Number / Job Duties
From Month / Year	To Month / Year	

24. Miscellaneous additional service (if there is no additional service, specify N/A).

Describe below including applicable dates any time you **did not** work in the Pipe Trades Industry for 3 months or more because of:

- Strike or lockout: _____
- An authorized leave of absence: _____
- Employed by UA Local 342 (or predecessor union) _____
- Pregnancy, adoption, and/or birth: _____
- Union business: _____
- Public employment / County Employee: _____
- Work with an employer that has a Collective Bargaining Agreement with UA Local 342, which did not require any contributions to this Plan _____
(such as certain work under the Residential/Light Commercial Agreement)

25. Are you currently working in the Pipe Trades Industry? Yes No

If you are **not** currently working in the Pipe Trades Industry, complete and sign the Employment clause below **and** attach a written explanation advising of your work status from your last day worked to the present [include the name(s), and address(es) of your Employer(s) and job duties].

I, _____, certify that I am not currently working in the Pipe Trades Industry under the jurisdiction of UA Local 342, or for any other UA Local (Reciprocity/Travel Card), and have not worked in the Pipe Trades Industry under the jurisdiction of UA Local 342, or for any other UA Local since the date I have noted in the Work History section of this Application.

26. Are you planning to work **after** your Date of Retirement? Yes No

Note: Work After Retirement of any type requires review and approval prior to commencing such work.

If yes, provide the name(s), address(es) and telephone number(s) of your Employer(s) and a detailed job description: _____

You must also provide a letter from your anticipated Employer, stating your job title and listing all of your job duties.

Please indicate whether your anticipated employment in the Pipe Trades Industry falls within any of the following exceptions to Pipe Trades Industry work (you must also attach proof of your continued employment):

- Employment for the U.S. Government, the State of California, a political subdivision of the State of California, a County, City, or other Government Agency
- Employment that is not covered by any Collective Bargaining Agreement of the UA or any Local Union of the UA
- Employment that does not directly or indirectly replace the employment of a bargaining unit Participant
- Other; please specify _____

ADDITIONAL INFORMATION

27. If you have worked in **any** occupation since you became totally and permanently disabled, describe your duties and responsibilities, and include your dates of such employment _____

28. Are you a U.S. Citizen? Yes No

If you are not a U.S. Citizen, are you a Permanent Resident of the U.S.? Yes No

If you are not a U.S. Citizen, but are a Permanent Resident of the U.S., please submit a copy of your Permanent Resident Card

SIGNATURE AND DATE

I have read the preceding instructions for this Retirement Application and to the best of my ability complied with the Plan’s requests and requirements. I agree to be bound by all Plan rules and regulations. I understand that I must notify the Trust Fund Office of any change in my personal information, including any marital or employment status change.

I understand that the Trustees have the right to recover any payments (and costs and attorney’s fees incurred by the Plan) because of any false or misleading statements. I understand that if the Plan mistakenly makes an overpayment in the future, the Plan has the right to offset that against future payments and/or to recover such overpayments including attorney’s fees incurred by the Plan.

I understand that if I receive a retroactive Retirement Benefit for any period that I have received Supplemental Disability payments from UA Local 342, I will be required to reimburse the Supplemental Disability Fund.

The Plan may postpone processing a Retirement Application of a Participant, Beneficiary or Alternate Payee, and/or paying monthly Retirement Benefits to any such person who owes money to this Plan or to a related Plan, including the Northern California Pipe Trades Health and Welfare Plan and/or the Northern California Pipe Trades Supplemental 401(k) Retirement Plan.

In addition, the Trust Fund Office has the authority to deduct amounts from the monthly Retirement Benefits payable to a Participant, Beneficiary or Alternate Payee (or any lump sum or other death benefit that may be payable to any such person) to repay this Plan or any related Plan as referenced above for any amounts owed by the Participant, Beneficiary or Alternate Payee (and/or the Participant’s improperly-designated Dependent). Such amount may be twenty five percent (25%) of a person’s monthly Retirement Benefit, any amount established by the Board of Trustees (such as \$250.00 or any other designated amount, even if greater than 25%).

The Trust Fund Office also has the authority to deduct amounts from the monthly Retirement Benefits payable to a Participant, for any Federal Tax Levies or Child Support Orders received for any amounts owed by the Participant, in the amount designated by the Internal Revenue Service or the Department of Child Support Services.

I am aware that if I return to work in any capacity after I retire, I am required to provide written notice in advance of doing so to the Trust Fund Office for review and approval by the Board of Trustees. I understand that failure to do so may result in a suspension of my Retirement Benefits.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Participant’s Signature

Date

MARITAL STATUS AFFIDAVIT

CHECK THE APPLICABLE STATEMENT(S) THAT APPLY TO YOU AND SIGN BEFORE A NOTARY PUBLIC. THIS IS REQUIRED TO BE NOTARIZED EVEN IF YOU HAVE NEVER BEEN MARRIED.

- I have never been married and am currently single.
- I have never been divorced and am currently married to _____.
Print Spouse's Name
- I have never been divorced and am currently widowed.
- I am widowed and remarried to _____.
Print Spouse's Name
- I am currently separated from my spouse _____.
Print Spouse's Name
- *****
- I am widowed and currently divorced.
- I am divorced and currently single.
- I am divorced and separated from my current spouse _____ . The date of separation is _____.
Print Spouse's Name
- I am divorced and currently widowed.
- I am divorced and remarried to _____.
Print Spouse's Name

If you checked any of the last 5 boxes above referencing divorced, you must also check the box(es) below that apply to you.

- I have attached a court filed Final Judgment of Dissolution of Marriage, or I previously submitted a court filed Final Judgment of Dissolution of Marriage to the Trust Fund Office.
- I have attached a court filed Qualified Domestic Relations Order(s) ("QDRO"), or I previously submitted a court filed QDRO(s) to the Trust Fund Office.
- I am in the process of obtaining a court filed QDRO.
- There is no court order or other pleading which awards any portion of my Retirement Benefits with the Northern California Pipe Trades Pension Plan and/or Predecessor Plan(s), to a former spouse or any other person, or which reserves jurisdiction over my Retirement Benefits with the Northern California Pipe Trades Pension Plan and/or Predecessor Plan(s), nor is there any court order, pleading, agreement, or other document which prevents the Northern California Pipe Trades Pension Plan from making a full distribution to me.

I certify under penalty of perjury under the laws of State of California that the foregoing is true and correct.

_____ _____ _____
Participant's Signature *Date* *XXX-XX- Social Security Number*

NOTARY ACKNOWLEDGMENT

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document, and not the truthfulness, accuracy, or validity of that document.

State of _____
 County of _____
 On _____ before me, _____, Notary Public
Date *Here insert Name of the Officer*
 personally appeared _____
Name(s) of Signer(s):

Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Signature of Notary Public

Place Notary Seal Above