St. Paul Electrical Construction Pension Plan

1330 Conway Street – Suite 130
St. Paul, MN 55106
Phone: 651-776-4239 – Option 4
Fax: 651-776-9973

Dear Participant:

Pursuant to your request, enclosed is a pension application form. Please complete and return it to the above address along with copies of the following documents:

- Photocopy of your birth certificate or acceptable proof of age (as explained on the enclosed Proof of Age Form).

And, if applicable,

- Photocopy of your spouse's birth certificate;
- Photocopy of your marriage certificate;
- Photocopy of any divorce decree(s), even if you are presently re-married;
- Photocopy of any Qualified Domestic Relations Order(s)

If applying for Disability benefits:

- Photocopy of your Notice of Social Security Disability Award letter, which must include the date the disability was awarded.

When your application is received in our office, along with the applicable documents, it will be reviewed to ensure all required documentation has been submitted. We will request additional information as needed. Your pension benefit will be calculated and correspondence will be sent to you explaining your pension benefit options. You will need to complete the benefit option election form and accompanying forms, which should be returned to our office for final processing.

If you have any questions or require further assistance, please do not hesitate to contact us at the above referenced number.

Thank you,

FUND OFFICE

St. Paul Electrical Construction Pension Plan

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St. Paul, MN 55106
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APPLICATION PACKAGE FOR RETIREMENT OR DISABILITY BENEFITS

You are encouraged to review the Summary Plan Description (SPD) booklet that describes all of the benefits, requirements and rules of the Plan. If you do not have a copy of the booklet, contact the Fund Office and a copy will be mailed to you. Read the material in the booklet so that you will be familiar with the provisions of the Pension Plan.

Complete this application form in its entirety. If any portion of the application does not apply to you, please so indicate by "n/a". Do Not leave any part of the application blank. Failure to properly complete the application and provide the required attachments could delay the processing of the application. If you require assistance or have questions concerning any aspect of your benefits, do not hesitate to contact the Fund Office.

INSTRUCTIONS

1) Read all questions carefully.
2) **Type or print** all answers in ink.
3) Answer all questions. (If an item does not apply, mark "n/a").
4) Attach additional sheets if necessary.
5) Be sure to date and sign the application.
6) Mail completed application along with all required attachments to the Fund Office at the above address.
7) **Make sure you include all applicable documents.**

PERSONAL INFORMATION

Name	
Social Security Number	
Address	
City, State, Zip	
Telephone Number	
Alternate Telephone Number	
E-mail Address	
Date of Birth (Attach proof of age. See enclosed list.)	

MARITAL INFORMATION (Attach a copy of, as applicable, marriage certificate, death certificate, divorce decree &/or QDRO.)

Marital Status	○ Single ○ Married	○ Divorced*, not remarried ○ Remarried, with prior divorce*	○ Widowed
Spouse's Name			
Spouse's Social Security Number			
Spouse's Date of Birth (Attach proof of age. See enclosed list.)			
*If DIVORCED, does a QDRO (Qualified Domestic Relations Order) exist?	○ Yes	○ No	(Note: Please provide copy of Divorce Decree and QDRO regardless of answer.)

Print Name of Applicant/Participant: _____

TYPE OF PENSION BENEFIT APPLYING FOR

You may apply for a Retirement Benefit or a Disability Benefit. There are several types of Retirement Benefits. You will be informed about each benefit type for which you are eligible. ***Please refer to the SPD booklet for additional provisions of the options available to you.***

○	Retirement	You are eligible for a Normal, Early, Deferred, or a Late retirement benefit depending on your age and Accrual Service.
○	Disability	Under the Pension Plan, you may be eligible for a Disability Pension if you meet the Plan's service requirements and are found to be Totally and Permanently Disabled. You must attach a copy of your Social Security Award of Disability.

RETIREMENT DATE

Planned Retirement Date:	

PRESENT EMPLOYMENT

1) Are you currently working in Covered Employment? ○ Yes ○ No
2) If **Yes**, please provide the name, address and phone number of your present employer and the last day worked or expected last day worked:
Employer Name:
Address:
City, State, Zip:
Phone Number: ( )
Last Day Worked or Expected Last Day Worked:
If **No**, please provide year last worked in Covered Employment:

I understand that benefits will not be paid prior to actual retirement and if this application is approved, monthly benefits will commence as soon as possible after all required certifications, documents and records have been furnished to the Trustees.

I hereby certify and affirm that the following statements are true, correct and complete to the best of my knowledge and belief.

I further state that it is my intention to retire from active employment as defined in the St. Paul Electrical Construction Pension Plan.

_____ _____

Participant's Signature Date

RETIREMENT DECLARATION

Eligibility for any Pension benefit under the Plan requires you to sever all employment with all Contributing Employers.

I hereby certify that I have read the enclosed notice regarding Suspension of Benefits. I agree that I will comply with these rules, including, but not limited to notifying the Plan after starting work of a type that is or may be disqualifying employment, regardless of how many hours I intend to work.

By my signature below I acknowledge that I have read and understand the Suspension of Benefit rules of the St. Paul Electrical Construction Pension Plan.

_____ _____

Participant's Signature Date

Instructions to Pension Applicants

Proof of Age

In order to be eligible for retirement benefits, you must furnish proof of your age. The following list shows the type of documents that may serve as proof of your age. Some of the documents are better proof than others. This list is arranged starting with the best type of proof and continues down to the less desirable types of documents.

You are required to furnish the best type of proof that is available. It is recognized that, in certain instances, a birth certificate may not be available, particularly for those who were born outside of the United States. In such cases, you should secure the best type of proof. Additional proof may be requested if the document you submit is not convincing proof.

Photostat copies of the document may be submitted. Note: Naturalization Papers, United States Passports and Immigration Papers may not be photostatted. If any of these is the only proof you have of your age, submit the original and it will be returned to you.

1. A birth certificate
2. A 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 custodian of such record
5. A 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 their records.
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 that has been in force at least ten years and shows the age or date of birth
14. Marriage records showing date of birth (application for marriage license or church record, certified by the custodian of such record, or marriage certificate)
15. Other evidence such as signed statement from persons who have knowledge of the date of birth, voting records, poll-tax receipts, etc.