

Application for Pension

File your application promptly. Benefits cannot be paid for any months prior to the time an application is received properly completed.

Name		Social Security Number
Street Address		Expected Retirement Date
City	State	Zip Code
Phone Number (include Area Code)	Your Date of Birth	Your Spouse's Date of Birth

Email Address

What type of pension are you applying for?

- Normal (Age 62 or over) Early (Age 55 through 61)
 Unreduced Early Disability (*complete the back of the form*)
 Date you qualified for Unreduced Early Pension _____

Are you working at the present time? Yes No

Name of most recent employer and job description

Date you last worked for that employer or your anticipated last day of work

Are you currently receiving EWTF Weekly Accident & Sickness Benefits? Yes No

Certification

I hereby certify that the information presented in this application is true and correct to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits, and that the Trustees shall have the right to recover any payments made to me because of a false statement.

Signature of Applicant

Date Signed

Signature of Witness
(Other than a beneficiary)

Date Signed

Disability Pension

A1. Condition causing your Disability

A2. Date you last worked in the Electrical Industry

A3. Have you performed any work for wages since above date?

No

Yes-Give dates work performed, name of employer(s), and description of work performed;
attach separate sheet if necessary

B1. Have you applied to Social Security for a Disability Award?

Yes – Date Applied _____

No – You must apply to Social Security prior to applying to Local 26

B2. What is the current status of your application with Social Security?

Approved – *Attach copy of award letter*

Denied – Have you reapplied? Yes – Date reapplied _____

No

No decision has been made by Social Security at this time

C1. Is this Disability covered by Workers Compensation? Yes No

C2. Are you now receiving Workers Compensation Benefits? Yes No

C3. Do you have a claim pending for Workers Compensation Benefits?
 Yes No

C4. Have you received a Workers Compensation Lump Sum Settlement?
 Yes No

D1. Is this a military service connected Disability? Yes No

I hereby certify that as a result of an injury, disease, or mental disorder I am completely unable to engage in any gainful occupation in which I could be reasonably expected to engage, giving due consideration to my experience, training, age and education, and it is reasonably certain such condition will continue during my lifetime. I further certify that I am not working at the present time.

Signature of Applicant

Date Signed