LiUNA!
WISCONSIN LABORERS' PENSION FUND
Feel the Power

Wisconsin Laborer's Pension Fund
4633 LIUNA Way Suite 201
DeForest, WI 53532
Pension…608 842-9103

Attached is an application for pension benefits and instructions on how to submit proof of your age. You must give proof of your age to the Fund Office when you file your application. To submit the application, please complete, detach and return pages three and four. **Be sure to sign Page 4**

Regulations issued by the Treasury Department in connection with the Employee Retirement Income Security Act of 1974 requires that all employees whose effective date of pension is on or after January 1, 1976 must be offered the opportunity of electing not to receive their pension in the form of a husband and wife pension. The Wisconsin Laborers' Pension Fund has been amended to provide this option in compliance with the law and the regulations. Your pension will be paid as a 50% husband and wife pension unless you elect not to receive your pension in such a manner. You are eligible for a husband and wife pension only if you are married.

After submitting your application for pension benefits, you will receive a letter from this office acknowledging receipt of your pension application together with the other necessary forms with regard to your pension.

You will also receive an explanation of how the husband and wife pensions affect the amount of your monthly pension benefit. The explanation will help you to make a decision as to which form of payment would be best for you.

The Fund offers a Level Income form of payment of your pension. Under this option, the Fund increases your pension benefit until you reach 62 or 65. Your pension would be reduced when you would start receiving your Social Security check. **If you are interested in the level income option, you must include a recent copy of your Social Security Earnings and Benefit Estimate Statement with this application indicating when you will start your Social Security.** To obtain your Social Security Earnings and Benefit Estimate Statement, you can call Social Security at 1-800-772-1213.

If there should be any questions in the meantime, please call us at (608) 842-9103 or (800)397-3373.

Sincerely,

Wisconsin Laborers' Pension Fund

Instructions to Applicant for a Pension 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 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 case, 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 photocopied.** 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 in their records
7. Naturalization record
8. Immigration papers
9. Military record
10. Passport
11. School record, certified by the custodian of such record
12. An insurance policy which has been in force at least ten years and which shows the age or date of birth
13. Other evidence such as signed statements from persons who have knowledge of the date of birth, voting records, poll tax receipts, etc.

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DeForest WI 53532
TELEPHONE: (608) 842-9103 TOLL FREE: (800) 397-3373

Please Complete Fully –print or type answers, then sign, date, and return to Pension Office.

Type of Pension: (check one) ☐ Regular (62 & Over) ☐ Early (55-62) ☐ Disability

Personal Information:

1. Name_____ _____
   Last First Middle Telephone Number

2. Address_____
   Number & Street City State Zip

3. Social Security No._____ 4. Union Membership No._____

5. Date of Birth_____ (Submit Proof – see attached instructions)

6. Date you intend to retire_____ 7. Last day of Work_____

8. Marital Status ☐ Single ☐ Married/Date of Marriage_____(complete 8a)
   ☐ Widowed ☐ Divorced/Date of Divorce_____(complete 8b)

   8a. Martial Information
   Spouse's Name_____ Social Security No._____
   Spouse's Date of Birth_____

   8b. Divorce Information
   Is there a court order (QDRO) that assigns pension benefits to your former spouse ☐ Yes ☐ No

Union Membership History:

9. What Local Union do you presently belong to?_____

10. Upon what date did you first join a Local Union affiliated with the Laborers' International Union of North America?

_____	_____	_____
Month/Day/Year	Local Union #	City & State

11. List all other Local Unions affiliated with the Laborers' International Union of North America to which you belong and show the date of membership in each Local Union.

Local Union No.	**City & State**	**From**	**To**

12. Since the date you first joined a Local Union affiliated with the Laborers' International Union of North America, has your membership been suspended at any time or have there been any periods when you left employment in the industry, withdrew from membership, or transferred out of the jurisdiction of the Laborers' International Union of North America? ☐ Yes ☐ No. If yes, show the dates of each period when you were not an active member.

From	**To**	**Reason**

13. Have you ever served in the Armed Forces of the United States? ☐ Yes ☐ No.

Branch of Service	**Date Entered**	**Date Discharged or Separated**

General Information:

14. Have you ever been unable to work because of total disability? ☐ Yes ☐ No If yes, fill in the information below. Did you collect Worker's Compensation Benefits during any disability period?

Cause of Disability	**Employer at Time of Injury**	**From**	**To**	**Worker's Comp Yes**	**No**
				☐	☐
				☐	☐

15. If you are applying for a Disability Pension, complete the following:

(a) Have you ever applied for Social Security Disability Benefits? ☐ Yes ☐ No

(b) Nature of your disability _____

(c) When did you become disabled? _____

(d) Name and address of your doctor _____

_____

(e) Date of your most recent examination _____
Attach a copy of your Medical Examination Report

(f) Have you worked at all, at any occupation, since you became disabled? ☐ Yes ☐ No

From	**To**	**Employer**	**Type of Work**

16. Are you interested in the level-income option? ☐ Yes ☐ No
If yes, what age do you intend to begin Social Security benefits? _____
(Attach a copy of your Social Security Estimate – Note; Level Income is not available for Disability Pension)

I hereby apply for a pension from the Wisconsin Laborers' Pension Fund and certify that all statements in this application are true to the best of my knowledge and belief. If a pension is granted to me, I agree to be bound by all the Rules and Regulations of the Pension Fund.

Date	Signature

The retirement effective date will be the later of: 1) the month following the month in which you have filed your completed application; or 2) 30 days after the Plan advises you of the available benefit payment options. No retroactive payments will be made other than provided for by the Plan Rules.

When you submit your application, you will receive a letter acknowledging its receipt. You will be advised if any further information is required and you will be notified in writing of the decision made by the Board of Trustees on your application.

PLEASE RETURN PAGES THREE AND FOUR.