

U. A. Plumbers Local Union #68
PENSION PLAN
P.O. Box 8726
Houston, TX 77249
713.869.2592 * Fax: 713.862.4877 * Toll Free: 800.833.2980

Date: _____

To: _____

Dear _____

Due to your inquiry into retirement with the Plumber's Local Union 68 Pension Fund, we have enclosed an application for your completion. Please complete the areas marked. Sign the form and have a witness also sign the form.

Return the application to this office and please include a xerox copy of the following *(please make sure the copy is legible)*:

1. Your birth certificate.
2. If married,
 - a. your marriage license.
 - b. your wife's birth certificate.
 - c. your wife's social security card.
3. Voided personal check (for direct deposit).

If you provide this office with the original documents, we will copy those documents and return the original to you.

If you have any questions or require additional information please contact our office at 713.869.2592.

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Application For Pension

To the Joint Board of Trustees:

In accordance with the provisions of Plumbers Local Union No. 68 Pension Plan, I hereby apply for the Pension, if any, payable to me. I submit the following information for the purpose of obtaining such Pension, and hereby certify that it is true and correct to the best of my knowledge and belief.

(PLEASE PRINT OR TYPE) MEMBER INFORMATION

Full Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ SS#: _____ Birth Date: _____
Member Signature: _____ Date: _____ Date of Retirement: _____
(MTH/YEAR)

SPOUSE INFORMATION

Full Name: _____ Maiden Name: _____
Birth Date: _____ SS#: _____ Signature: _____

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I understand that I will not be entitled to a Pension payment for any month in which I engage in gainful employment in the Plumbing or Pipefitting Industries, once I start receiving my benefits. However, normal retirees may work up to 39 hours per month (Reference Plan Booklet for details).

MEMBER SIGNATURE DATE

FOR OFFICE USE ONLY

I hereby certify the following monthly benefit payment subject to approval by the Trustees:

Eligible Retirement Date: _____ Status: Normal Early Late Widow Disability
65-85 Years: ____ 85 to Present Years: ____ Total: ____ *** Age: ____ + Years: ____ + Total: ____
Original Amt: _____ 1997 Increase: _____ Age Increase/Decrease: _____ Widow 50%: _____

AUTHORIZATION OF PAYMENT

SECRETARY OF TRUSTEES DATE CHAIRMAN OF TRUSTEES DATE

PROOF OF AGE

I certify that the attached evidence in support of _____ as my date of birth is true and
(DATE OF BIRTH)
accurate to the best of my knowledge and belief.

MEMBER SIGNATURE

DATE

ACCEPTABLE BIRTH DOCUMENTS

Only one of the following documents is required for proof of age. Additional proof may be required if the evidence submitted is not conclusive. Any original document will be returned per your request.

1. Birth Certificate
2. Baptismal Certificate or other certified statement from a Church record
3. Notification of registration of birth in public registry of vital statistics
4. Certified hospital record
5. Certificate of Social Security Award
6. Signed statements of Physician or Midwife in attendance
7. Family Bible or other record, certified by a Notary Public
8. Naturalization or Immigration record or passport
9. Record of Military service, school or marriage
10. Earliest Life Insurance Policy, showing date of birth or age

