

U.A. Plumbers Local Union #68

**PENSION PLAN**

P.O. Box 8726

Houston, Texas 77249

713.869.2592 ♦ Fax: 713.862.4877 ♦ Toll Free: 800.833.2980

Enclosed is the application required to be completed for your Defined Benefit (Pacific Mutual /65-85) Pension Plan. This plan is a monthly benefit.

Return the application to the above address and include a photo copy of the following (please make sure the copy is legible):

1. Your Birth Certificate
2. If applicable,
  - a. Marriage license
  - b. Spouse's birth certificate
  - c. Divorce Decree(s) \*Entire decree with original date of marriage\*
  - d. Death Certificate
3. Voided personal check (for direct deposit on the first working day of each month)

These documents must be approved by the Board of Trustees, which meet on the 2<sup>nd</sup> Tuesday bi-monthly. The completed application will need to be received **10 days** prior to Trustee Meeting.

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

Sincerely,  
Fund Manager

/pm

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**Pension Application**

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: \_\_\_\_\_ Total: \_\_\_\_\_

**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 a copy of one of the following documents is required for proof of age. Additional proof may be required if the evidence submitted is not conclusive.

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