

ELECTRICAL WORKERS PENSION FUND

2002 London Road – Suite 300

Duluth, MN 55812

Telephone: (218) 728-4231 – Toll Free: (800) 570-1012 – Fax: (218) 728-4773

Notice Regarding Application for Retirement Benefits Electrical Worker Pension Fund – Plan A

Dear Participant:

Following please find an application for pension benefits and instruction on how to prove your age. You must provide proof of your age to the Fund Office when you file your application.

Please make certain that you answer all questions and sign your application personally. When completed, please return the application to the Fund Office with your proof of age. If your proof of age is a valuable document which you do not wish to send through the mail, you may submit a photocopy. In addition, if you are married you will need to submit proof of age for your spouse along with a copy of your marriage certificate.

Additionally, if you have been divorced, you must submit a copy of your divorce decree and property settlement. You will also need to provide any Qualified Domestic Relations Order (QDRO) which applies to this Pension Plan.

You must submit your application at least one month in advance of the first month you expect your benefits to be paid.

If you are under age 62 and would like to receive benefit options under the Level Income form of benefit payment, please provide a copy of your Social Security projections.

If you have any questions, please feel free to contact our office.

Sincerely,

Wilson-McShane Corporation
Fund Administrators

11. Have you ever served in the Armed Forces of the United States?

Yes No

If Yes, please provide a copy of your DD214 or other discharge papers.

12. Have you ever been unable to work because of total disability? Yes No

If yes, fill in the information below:

Cause of Disability	From	To
_____	_____	_____
_____	_____	_____

13. Have you ever collected Worker's Compensation Benefits during a period of total disability?

Yes No If yes, fill in the information below:

Name of Employer at Time of Injury: _____

From (date): _____ To (date): _____

FOR ALL APPLICANTS

I hereby apply for a pension from the Electrical Workers Pension Fund. The foregoing statements are true 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 be because of a false statement. If a pension is granted to me, I agree to be bound by all the Rules and Regulations of the Pension Plan.

Participant's Signature	Date
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When you submit your application, you will receive a letter acknowledging its receipt. Additional information will be sent to you regarding the payment options available under the Plan.

ELECTRICAL WORKERS PENSION FUND

RULES REGARDING EMPLOYMENT AFTER RETIREMENT

- A. Retirement shall be considered as commencing on the day immediately following a Participant's last day of Employment with an Employer (or authorized leave of absence, if later) and satisfaction of all requirements to receive a Pension, including the filing of an application for benefits. A Participant shall be deemed to continue as an Employee of an Employer if he retains seniority rights or a right to recall to work under a Collective Bargaining Agreement.
- B. **SUSPENSION OF BENEFITS** – Subject to the rules set forth below, the payment of Regular, Early, or Deferred Pension shall be suspended with respect to any retired Participant who returns to work in "Plan Related Employment." The term "Plan Related Employment" shall be defined with respect to any retired Participant, as employment:
1. In any industry involving any business activities in which Employees covered by the Plan were employed at the time that the payment of Benefits for the retired Participant commenced or would have commenced if the retired Participant had not remained in or return to work;
 2. In such a Trade or Craft as is covered under any collective bargaining or other written agreement requiring an employer to make contributions to the Pension Fund, including but not limited to journeyman, wiremen, maintenance electricians, apprentices and other employees of electrical contractors and electrical manufacturing, and in which Trade or Craft the retired Participant worked at any time while an active Participant under the Plan, and any self-employment or supervisory employment related to the same skills as were involved in such occupations.
 3. In the geographic area of jurisdiction of a Local Union having a written agreement requiring an Employer to make contributions to the Pension Fund on behalf of the retired Participant at the time that payment of benefits commenced or would have commenced if the retired Participant had not remained in or returned to work; and
 4. Regardless of whether or not such employment is engaged in subject to a collective bargaining agreement.

SHOULD YOU RETURN TO WORK, IT IS YOUR RESPONSIBILITY TO NOTIFY THE FUND OFFICE OF YOUR RETURN TO WORK.

- C. Benefits shall be suspended for any calendar month in which the retired Participant worked 40 or more hours in Plan Related Employment. Such suspension shall continue until the date that the retired Participant notifies the Trustees that he or she has stopped working 40 or more hours per calendar month in Plan Related Employment. Thereafter, payment of such benefits shall resume to the retired Participant the first day of the third calendar month after the calendar month in which the retired Participant stops working 40 or more hours per calendar month in Plan Related Employment. The initial payment after benefits resume shall include the regularly scheduled payment for the calendar month in which such payments resume plus amounts withheld during the period between the date the retired Participant stopped working and the date benefit payments resumed, less any amounts which are subject to offset pursuant to the Plan.

I have read and understand the rules governing return to work after retirement, and attest I will comply with such rules.

Participant's Signature

Print Name

Date

ELECTRICAL WORKERS PENSION FUND

KEEP THIS COPY FOR YOUR RECORDS

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INSTRUCTIONS TO APPLICANT FOR PROOF OF AGE

In order to be eligible for retirement benefits, you must furnish proof of your age. You must also provide proof of your spouse's age.

The following list shows the type of documents, which 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, ideally a Birth Certificate.** 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. Photostat copies of the document may be submitted. Additional proof may be requested, if the document submitted is not convincing proof.

You may supply any one (1) of the following documents as proof of age

1. A Birth Certificate
2. Current (unexpired) Passport
3. Naturalization records
4. Military record
5. Marriage records showing date of birth (application for marriage license or church record, certified by custodian of such record; or marriage certificate)
6. Immigration papers
7. A baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such record