PLUMBERS AND PIPEFITTERS
LOCAL #333 FRINGE BENEFIT FUNDS

Identification Documents Required for Pension Application

Please submit copies of the following documents with your application for benefits:

- Birth Certificate for you and your spouse*
- Marriage License
- Copy of current driver's license or current state I.D. (with photo) for you and your spouse
- If you have ever been divorced, please submit a complete copy of your divorce decree(s) and any accompanying orders.
- If you have ever served in the military, please submit a copy of your induction and discharge papers. If you never served, please indicate so in a brief, written statement.

***ALTERNATIVE PROOF OF AGE DOCUMENTS** - accepted when birth certificate is unavailable.

In order to be eligible for retirement benefits, you are required to produce proof of your age. The following is a list of the documents that may serve as proof of your age. Some of these documents are better proof than others. The list is arranged starting with the best type of proof, and going down to the less desirable types of documents. *You are required to furnish the best type of proof that is available.*

You do not have to furnish the original these documents; you may submit a photocopy.

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 a custodian of such record.
5. A foreign church or government record.
6. A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
7. Naturalization record.
8. Immigration papers.
9. Military record.
10. Passport.
11. School record, certified by the custodian of such record.
12. Vaccination record, certified by the custodian of such record.
13. An insurance policy, which shows the age or date of birth.
14. Marriage records showing date of birth or age (applications for marriage license or church record, certified by the custodian of such record; or marriage certificate).
15. Document showing approval of Social Security Pension.
16. Other evidence, such as signed statements from persons who have knowledge of the date of birth, voting records, poll-tax receipts, driver's license, etc.

PLUMBERS AND PIPEFITTERS LOCAL #333 FRINGE PENSION FUND

APPLICATION FOR DISABILITY BENEFITS

NAME: _____

SOC. SEC. NO.: _____ DATE OF BIRTH: _____

ADDRESS: _____ TELEPHONE: _____

_____

SPOUSE'S INFORMATION:

NAME: _____

SOC. SEC. NO.: _____ DATE OF BIRTH: _____

(COMPLETED CERTIFICATION OF MARITAL/SINGLE STATUS FORM MUST BE RETURNED WITH APPLICATION)

DATE LAST WORKED **OR** DATE YOU LAST PLAN TO WORK: _____

PRIOR LOCAL: _____ YEAR STARTED IN INDUSTRY: _____

LAST EMPLOYER: _____

INFORMATION CONCERNING DISABLED PARTICIPANTS

NAME OF PHYSICIAN: _____ DATE OF TREATMENT: _____

ADDRESS: _____

Have you applied for Social Security Disability Benefits? ☐ YES ☐ NO
(Attach copy of Award Certificate if available)

I hereby apply for a Disability Benefit, and hereby authorize by my signature below any Physician or Medical Institution that has attended or examined me to disclose to the Pension Trustees any information or knowledge relating to my Disability. Further, I understand that I may be required to submit to medical examinations as directed by the Pension Fund Trustees.

I hereby certify that the above information is, to the best of my knowledge, true and complete. Before final action is taken on the application, I understand it will be necessary for me to provide the Board of Trustees with proof of eligibility and documentary proof of age for my spouse (if any) and me.

_____ _____

Applicant Signature Date

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6525 Centurion Drive • Lansing, MI 48917-9275 • Phone (517) 321-7502 • Toll-Free (866) 348-9499 • Fax (517) 321-7508

PLUMBERS AND PIPEFITTERS
LOCAL #333 FRINGE BENEFIT FUNDS

PHYSICIAN'S MEDICAL REPORT

(please print clearly)

NAME: _____ SOC. SEC. NO.: _____

ADDRESS: _____

SUMMARY OF FINDINGS: _____

DATE OF EXAMINATION: _____

DIAGNOSIS: _____

_____

Pension Plan Definition of Disability: *A Participant must be permanently disabled, either physically or mentally, so that he/she is wholly unable to perform as a Plumber or Pipefitter.*

Based on the above guidelines, please answer **all** of the following questions:

1. Does the Participant meet all of the qualifications for disability as defined above? If not, please explain?
   _____
2. If so, what date did the disability commence? _____
3. Does the disability appear to be permanent? _____
4. Can the Participant perform any work within his trade, and if so, with what restrictions?
   _____

_____ _____

Signature of Physician Date

_____ _____

Print Physician Name Telephone #

_____

Address of Facility

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PLUMBERS AND PIPEFITTERS
LOCAL #333 FRINGE BENEFIT FUNDS

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION INDEPENDENT MEDICAL EVALUATION

By executing this authorization, I am consenting to the release of protected, or confidential, health information. I am voluntarily executing this authorization.

Authorization:

I, _____, Social Security Number, _____ have consented to submit to an independent medical examination in connection with my application for disability benefits from the Plumbers and Pipefitters Local 333 Pension Fund.

I authorize the Plan, it's Trustees, employees and service providers (i.e. business associates) to obtain, use and disclose my protected health information (except psychotherapy notes) for the purpose of processing and administering my claim for Disability Pension Benefits. Such information to be disclosed includes examination findings, conclusions, test results, opinions, and any other information relevant to evaluating my state of health or any other information requested by the Fund(s), which the Fund(s) in its sole discretion determines is necessary to process my application for benefits.

I understand that this authorization will expire when I am no longer eligible for such benefits, or when any claims, and/or appeals, including legal proceedings, for such benefits have been exhausted. I understand that I have the right to revoke it at any time, except to the extent that it has already been relied upon. I understand that if I decide to revoke this authorization, I must give notice of my decision in writing and sent it to the Fund Office, 6525 Centurion Drive, Lansing, MI 48917-9275. I understand that health information disclosed pursuant to this authorization may be re-disclosed by the persons authorized above, and that the Plan cannot prevent or protect such re-disclosures.

_____ _____

Applicant Signature Date

PLUMBERS AND PIPEFITTERS LOCAL #333
PENSION PLAN

CERTIFICATION OF MARITAL/SINGLE STATUS

Federal Law requires the Trustees to confirm whether a previous spouse is entitled to any portion of your pension benefits. As such, it is necessary that we request the following certification and supporting documentation. **Failure to complete this form fully, *including signing it in front of a notary public*, and providing ALL documentation requested, will result in a delay of the processing of your application**.

Applicant's Name: _____ SSN: _____

Current marital status:

- ☐ SINGLE, NEVER MARRIED
- ☐ SINGLE, PREVIOUSLY MARRIED*
- ☐ MARRIED, NO PREVIOUS MARRIAGES
- ☐ MARRIED, WITH PREVIOUS MARRIAGE(S)*
- ☐ LEGALLY SEPARATED*

*If you have had previous marriages, please list the names of your ex-spouses, the dates of marriage and date of divorce or separation (if any of your previous marriages ended due to the death of your spouse at the time, please list the date of death):

Ex-spouse's Name	**Date of Marriage**	**Date of Divorce/Death**

Please provide <u>complete</u> copies of ALL marriage certificates, divorce decrees, separation agreements, Qualified Domestic Relations Orders, death certificate(s) and any other accompanying documents related to the termination of your previous marriage(s). If you do not have these documents, you should contact the appropriate court through which the proceedings occurred in order to obtain certified copies.

I hereby certify, subject to the penalty of perjury, that the above information is, to the best of my belief and knowledge, true and complete. ANY PERSON WHO SUPPLIES A FALSE CERTIFICATION IN CLAIMING A BENEFIT FORFEITS ANY RIGHT HE OR SHE MAY HAVE TO THE BENEFIT AND, UPON DISCOVERY, BECOMES LIABLE FOR FULL REPAYMENT OF ANY MONEY RECEIVED AS A CONSEQUENCE.

_____ _____

Applicant Signature Date

Notary Public, _____ County

_____, State

My commission expires

Notice to Notary Publics. If you are serving as witness to the signature of the Participant and the Spouse identified above, you should realize that Federal Law requires that, unless the above "Participant Waiver and Spousal Consent" is executed in the presence of an authorized Fund Representative, it must be executed in the presence of a Notary Public. Accordingly, you must not only witness the actual signatures identified above but also examine the signer's credentials to satisfy yourself that they are in fact the same individuals identified above.

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PLUMBERS AND PIPEFITTERS LOCAL #333
PENSION PLAN

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS BY ELECTRONIC TRANSFER

I hereby authorize the **PLUMBERS AND PIPEFITTERS LOCAL UNION NO. 333** to deposit my monthly pension benefit to the account and bank or financial institution identified below and authorize the bank or financial institution to accept these deposits.

This authorization is to remain in full force and effect until the Fund has received written notification of its termination from me at such time and in such manner as to afford the Fund a reasonable opportunity to act on it. If pension benefits to which I am not entitled are deposited to my account, I authorize the Fund to direct the bank or financial institution to return the full amount of said benefit immediately.

I agree that these deposits and adjustments, if any, may be made electronically and under the Rules of the Michigan Automated Clearing House Association (ACH).

Please print or type:

Name of Bank or Financial Institution: _____

Address of Bank or Financial Institution: _____

_____

Contact Person at Bank or Financial Institution: _____

Phone Number: _____

Type of Account (check one): ☐ Checking (**Attach A Voided Check**) ☐ Savings

DFI's Routing & Transit No.____ ____ ____ ____ ____ ____ ____ ____ ____

Account No. to Credit ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

Name of Person Authorizing Transfer: _____

Social Security Number: _____ Local Union: _____

Address: _____

_____ _____

Applicant Signature Date

PLEASE ATTACH TO THIS AUTHORIZATION A BLANK OR VOIDED CHECK ON THE ACCOUNT INTO WHICH DEPOSITS ARE TO BE MADE AND RETURN TO:

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