CONSTRUCTION LABORER'S BENEFIT OFFICE
2357 59TH STREET
ST. LOUIS, MO 63110
Phone: 314-644-2777 Fax: 314-645-1366

PENSION APPLICATION

Name _____ Phone no. _____

Address _____
Street & Number City State Zip

Social Security No. _____ - _____ - _____ Date of Birth _____

Marital Status (circle one) Married Single Divorced Separated Widowed

Spouse/Beneficiary Information

Name _____

Social Security No. _____ - _____ - _____

Date of Birth _____ Date Married _____

Date last worked _____

Date you retired or intend to retire _____

To which local do you belong? _____

When did you first join the local? _____

Were you a member of any other local unions that are affiliated with the Construction Laborers Pension Trust of Greater St. Louis? YES NO If YES, list local(s) below:

Local No.	From	To	Local No.	From	To

Did you serve in the armed forces of the United States? YES No If YES, please complete below:

Branch of Service	Date Entered	Date Discharged/Separated

Type of pension (please circle): Regular Early Disability 30 & out

I hereby apply for a pension from the Construction Laborers Pension Trust of Greater St. Louis 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 plan and will personally endorse all pension checks received by me.

Signature _____ Date _____

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APPLICATION DISABLITY FORM

Have you applied for Social Security Disability Benefits?
YES NO

If you were granted Social Security Benefits, attach a copy of the Social Security Award.

Nature of your disability _____

When you became disabled? _____

Name and address of current doctor _____

Date of most recent examination _____

Attach a copy of the medical examination report if you are not submitting a Social Security Benefit Award as proof of disability

Have you worked at all, at any occupation, since you became disabled?
YES NO

If yes, describe your work and periods

_____

_____

_____

_____

_____

PROOF OF AGE

INSTRUCTIONS TO APPLICANT FOR A PENSION

In order to be eligible for retirement benefits, you must furnish proof of your age. The following list shows the type of documents, which may serve as proof of your age. The 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, which is available. It is recognized that, in certain instances, birth certificates may not be available, particularly for those who were born outside of the United States. In such cases, you should secure the next best type of proof. (Note: additional proof may be requested)

Photocopies of the documents may be submitted. Naturalization Papers, United States Passports and Immigration Papers may not be photocopied. You must submit these documents to the office for proof of age and we will submit the original and it will be returned to you promptly.

1. Birth Certificate
2. A baptismal certificate showing your date of birth*
3. Notification of registration of birth in a public registry of Vital Statistics
4. Hospital birth record *
5. A foreign church or government record
6. A signed statement by the physician or midwife who was in attendance at birth
7. Naturalization record
8. Immigration papers
9. Military record
10. Passport
11. School record *
12. Vaccination record *
13. An insurance policy, which has been in force at least ten years and shows DOB
14. Marriage records showing DOB (application for marriage license of church record * or marriage certificate)
15. Other evidence such as signed statements from persons who have knowledge of the DOB, noting records, poll-tax receipts, etc.

***Certified by the custodian of such record**

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Dear Sir or Madam:

It is the policy of the Board of Trustees to send applicants for disability pension to have an examination by a doctor chosen by the Trustees.

Please call the doctor listed below and make an appointment. Present enclosed forms to the doctor. The examination will be paid by the Fund.

- Dr. Alexander Redoi
  GRANDEL MEDICAL GROUP
  4348 Loughborough
  St. Louis, MO 63116
  314-481-7030

If a Social Security Award has been approved, a copy of the award is all that is necessary.

Also enclosed, is a Form of Payment Election. If you are married and the Fund has knowledge of your wife's birth date you are quoted an approximate amount.

Please sign and date this form and return it with the application. Proof of age is also needed. If you select the joint and survivor pension a copy of your wife's state birth certificate and state marriage license is also required.

Sincerely,

Board of Trustees

Enclosures

Signature _____

Date _____

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MEDICAL EXAMINATION REPORT

Patients name _____

Address _____
State Zip

This is to certify that I have examined the above-named individual on _____
Date

As a result of my examination:

☐ I find that (s)he **IS** totally and permanently disabled and his/her disability of such a nature that is expected to be permanent and continuous for the balance of his/her life.

☐ I find that (s)he will **NO LONGER** be able to work as a Laborer.

☐ I find that (s)he is **NOT** totally and permanently disabled

My opinion is based on the following:

DIAGNOSIS

_____

HISTORY

_____

Date total disability started _____

Would you recommend a re-examination on a regular basis?
YES NO

If yes, when (such as annually, once every two years, etc)?

_____

Doctors Signature _____ Date _____

MEDICAL RELEASE

I _____ hereby

authorize _____ to release to the Trustees of the Construction Laborers Pension Trust of Greater St. Louis any information of a medical nature pertaining to my claim for Disability Pension benefits from the Fund.

_____ _____
Signature Date

FORM OF PAYMENT ELECTION

If you are married, your pension is payable in the Husband and Wife form unless that form of payment is properly rejected, by you and your spouse, on the enclosed rejection form.

Name: _____

Pension Effective Date: _____

Your benefit may be paid in the following options (note: amounts are approximate)

Lifetime Benefit

Lifetime Benefit with a 36 month guarantee ☐ _____

This form will pay the retiree for life but guarantee that at least 36 payments will be made to either the retiree or the beneficiary. *

Husband and Wife

Husband and Wife Pension

Options	Check One	Member	Spouse
A. 50%	☐	_____	_____
B. 66% 2/3	☐	_____	_____
C. 100%	☐	_____	_____

Level Income

Level Income-this option will pay you more pension now but will reduce your pension for life upon attaining age 62 or 65. If you want information about this option, please return this form with a statement from the Social Security Administration showing what your projected pension will be at ate 62 and age 65.

		Amount Now	Amt. at 62/65
A. Level income not Husband and Wife (62) *	☐	_____	_____
B. Level income not Husband and Wife (65) *	☐	_____	_____
C. Level income Husband and Wife (62)	☐	_____	_____
Spouse after retiree's death		_____	_____
D. Level income Husband and Wife (65)	☐	_____	_____
Spouse after retiree's death		_____	_____

Signature _____ Date _____

*** Must complete Rejection Form.**

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DISBILITY RETIREMENT DECLARATION

_____ _____ - _____ - _____
Name Social Security No.

In retiring on a Disability Pension from the Construction Laborers Pension Trust of Greater St. Louis, I declare that I will be bound by all the Rules and Regulations of the Pension Plan, and that:

1. I will submit to periodic medical examinations in accordance with the directions of the Trustees.

2. I understand that the Trustees are the sole and final judges of total and permanent disability under the Rules of the Plan.

3. I will report to the Board of Trustees in writing all earnings from gainful employment within 15 days after the end of each month in which I had such earnings and I recognize that engaging in any employment or gainful pursuit in the Building Trades Industry will disqualify me for a Disability Pension.

4. I understand that I may not work as a Laborer or in any type of employment within the jurisdiction of the International Hod Carriers, Building and Common Laborers' Union of America, AFL-CIO.

5. I understand that I must personally endorse each pension check if not directly deposited into my account.

The signature appearing below will be used as my endorsement on all Pension Fund checks.

_____ _____
Signature Date

I _____ State that I understand the rules
(please print name)
of the Plan regarding retirement, disqualify employment and notification of re-employment, and verify that I continue to be retired as defined in the Pension Plan Rules and Regulations.

I declare that the signature appearing below will be used as my endorsement on all pension checks if not directly deposited into my account.

_____ _____
Signature Date

State of _____)
)
County)
of _____

Subscribed and sworn to before me
this _____ day of _____ 20 _____

My commission
expires _____

_____
Notary Public

REJECTION FORM

EMPLOYEE'S STATEMENT

I, _____, do not wish to receive my pension benefits in the form of a Husband and Wife Pension. I understand that rejecting this form of pension means no benefits will be paid to my spouse by the pension plan after my death, unless I elect another option or unless benefits are payable under the sections of the plan. (Check one)

[ ] I hereby swear that I am not legally married at this time.

[ ] I hereby swear that the person co-signing this document below is my current legal spouse.

_____ _____

Date Employee's signature

State of _____

County of _____ } SS:

on this _____ day of _____ 20 _____ before me came _____ to me known and known to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me (s)he executed the same.

_____ (Seal)

Notary Public

_____

My Commission Expires

SPOUSE'S STATEMENT

I,_____, swear that I am the legal spouse of the employee described above. I hereby consent to my spouse's rejection of the Husband and Wife Pension. I understand that as a result, I will not be paid a pension for the Pension Plan after my spouse's death (unless death benefits are payable under provision of the Plan). I further recognize that because of this rejection, the pension paid to my spouse while he or she is living will be higher than it would be if I had the 50% survivor protection.

_____ _____

Date Spouse's signature

State of _____

County of _____ } SS:

on this _____ day of _____ 20 _____ before me came _____ to me known and known to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me (s)he executed the same.

_____ (Seal)

Notary Public

_____

My Commission Expires

Construction Laborers' Pension Trust of Greater St. Louis

Name of Pensioner _____

Address City State Zip

Telephone No. ☐☐☐ ☐☐☐ - ☐☐☐☐

Social Security No. ☐☐☐ - ☐☐ - ☐☐☐☐

FEDERAL INCOME TAX WITHOLDING

Unless you elect otherwise, we are required to withhold from your pension as if you are married claiming three withholdings allowances. Since we only withhold fixed amounts from your pension, any amounts required to be withheld when you start your pension will remain the same until you change the withholding amount.

Check here if you **do not want** any federal income tax withheld from your pension. ☐

Fixed amount of federal income tax you want withheld from each pension payment. _____

MISSOURI INCOME TAX WITHHOLDING

Check here if you **do not want** any **Missouri** income tax withheld from your pension ☐

Fixed amount of Missouri income tax you want withheld from each pension payment

_____ _____

Signature Date

Construction Laborers' Pension Trust of Greater St. Louis

DIRECT DEPOSIT FORM

Name of Pensioner _____

Address City State Zip

Telephone No. ☐☐☐ - ☐☐☐ - ☐☐☐☐

Social Security No. ☐☐☐ - ☐☐ - ☐☐☐☐

Type of depositor account ☐ Checking ☐ Savings

Routing No. ☐☐☐☐☐☐☐☐☐

Deposit Account No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Depositor Account Title

Name and address of Financial Institution

FINANCIAL INSTITUTION CERTIFICATION: I confirm the identity of the above-named payee and the account number and title. As representative to the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above.

PRINT OR TYPE REPRESENTATIVES NAME PHONE NUMBER DATE

SIGNATURE OF REPRESENTATIVE

PAYEE/JOINT PAYEE CERTIFICATION: I certify that I am entitled to the payments identified above, and that I have read and understand the information contained within this form. In signing this form, I authorize my payments to be sent to the financial institution named above to be deposited to the designated account.

SIGNATURE OF PENSIONER DATE

SIGNATURE OF JOINT PAYEE DATE

SPECIAL NOTE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately inform both the pension office and the financial institution of the death of the beneficiary. Funds deposited after the date of death or ineligibility are returned to the pension office. The pension office will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the pension office or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that (s)he is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the pension office if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the pension office.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's direct deposit will continue to be received by the selected financial institution until the pension office is notified by the payee that the payee wishes to change the financial institution receiving the direct deposit. To effect this change, the payee will complete a new direct deposit form at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution received the payee's direct deposit payment.

FALSE STATEMENT OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than $10,000 or imprisonment for not more than five (5) years or both presenting a false statement or making fraudulent claims

RETURN FORM TO:

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