

NORTHERN CALIFORNIA PIPE TRADES TRUST FUNDS FOR UA LOCAL 342

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RETIREMENT APPLICATION INSTRUCTIONS (Page 1 of 2)

To avoid delays in processing, please follow these instructions carefully and complete the Application in its entirety.

- **Read and respond to each question. It is essential that you be as accurate and complete as possible in your responses.** All information must be verified through Trust Fund work history records, Local Union dues receipts, the Social Security Administration (“SSA”) and other sources, if available.
- Type or print in blue or black ink only (**do not use pencil**).
- Be sure to sign and date the Application (Page 4).
- Proof of your age, marriage, your current spouse’s age, and disability (if applicable), recent and prior divorce documents, Final Judgments, Marital Settlement Agreements and Qualified Domestic Relations Orders (“QDROs”) are required by Federal Law and Plan rules. Attach copies of **all** such documents to this Application before submitting. Refer to the next page for acceptable proof of age documentation.
- A Marital Status Affidavit must also be completed and your signature must be witnessed by a Notary Public (Page 5).
- Submit your **original** completed Application with the required documents to the Trust Fund Office – Pension Department at the address listed above.

IT IS SUGGESTED THAT YOU SUBMIT YOUR APPLICATION AT LEAST 60 DAYS PRIOR TO YOUR ANTICIPATED RETIREMENT DATE.

IF YOU SUBMIT A RETIREMENT APPLICATION FOR A DATE OF RETIREMENT MORE THAN 90 DAYS IN THE FUTURE, YOU MAY BE REQUIRED TO COMPLETE A NEW APPLICATION AND/OR PROVIDE OTHER DOCUMENTS PRIOR TO YOUR DATE OF RETIREMENT. IF YOU HAVE A CHANGE IN LIFE CIRCUMSTANCE (E.G. MARRIAGE, DIVORCE, SEPARATION) PRIOR TO COMPLETION OF THE RETIREMENT PROCESS, YOU MUST NOTIFY THE TRUST FUND OFFICE AND YOU MAY BE REQUIRED TO COMPLETE NEW FORMS AND/OR DOCUMENTS.

IMPORTANT

INCORRECT OR INCOMPLETE INFORMATION/DOCUMENTS AND/OR MISSING PROOF OF AGE, MARRIAGE, QDRO(S), OR DISABILITY WILL DELAY PROCESSING OF YOUR APPLICATION. WHILE YOU MAY SUBMIT YOUR APPLICATION PRIOR TO SENDING IN THESE DOCUMENTS, PLEASE BE AWARE THAT YOUR APPLICATION WILL NOT BE PROCESSED UNTIL ALL PLAN REQUIRED DOCUMENTS ARE RECEIVED BY THE TRUST FUND OFFICE.

The following documents must be submitted to the Trust Fund Office before any Retirement Benefits can be paid:

- Proof of your age (refer to the next page for acceptable documentation).
- If you are married, proof of your spouse’s age.
- If you are married, a copy of your **Certified Marriage Certificate** (*a Marriage Certificate that has not been filed with the State will not be accepted*).
- Any and all QDROs, Final Judgments and Marital Settlement Agreements for all prior marriages. If an Interlocutory Judgment contains provisions addressing your Retirement Benefits that must also be submitted.
- If disabled, attach a copy of your Social Security Disability Notice of Award or a completed Authorization to Release Information Form for the Plan’s Independent Medical Review Organization.
- If any discrepancies are noted or further questions arise, additional documents may be required.

RETIREMENT APPLICATION INSTRUCTIONS (Page 2 of 2)

PROOF OF AGE

Some of the most common acceptable proof of age documents are listed below:

- Certified Birth Certificate
A Certified Birth Certificate is one that is issued by the State and bears an official seal. A notarized copy of a Birth Certificate will not be accepted.
- Passport (Unexpired or expired)
- Social Security Statement or a letter from the Social Security Administration reflecting your date of birth according to their records.

Submit a photocopy of one (1) of the documents listed above. If you are unable to provide one of these documents, contact the Trust Fund Office.

PROCESSING YOUR APPLICATION

- The Trust Fund Office will review your Application and Plan required documents. You will receive written acknowledgement of receipt of your Application and if applicable, a request for any additional information that is required to process your Application so that you will be aware of all outstanding items and the progress of your Application.
- **Processing of your Retirement Application will remain pending until ALL final hours/contributions, including any reciprocal hours/contributions have been reported to the Trust Fund Office by your Employer(s) and/or any other UA Local(s). The Trust Fund Office has no control over the time frame that these hours/contributions will be received.**
- Processing of your Application may be delayed for review of any requests to continue working after Retirement.
- Upon receipt of all necessary information, Plan required documents and hours/contributions, your Retirement Benefits will be calculated. You will receive a Pension Statement/Analysis reflecting your credits and benefits, for your review of any discrepancies, along with your Retirement Benefit payment options.
- After your Application has been processed, ***before your first payment can be issued***, you must complete and return your **Retirement Declaration, Designation of Beneficiary, or if married, Consent of Spouse for Retirement Benefit Election of Payment and Beneficiary Designation Form (your spouse's signature requires notarization)**. Please be aware that other documents and/or affidavits may also be sent to you for completion.
- If you are eligible for Retiree Health and Welfare Benefits, you will be sent the applicable forms for completion.
- **You must respond within 60 days of the date of your Retirement Declaration but not more than 180 days of filing your Application or your Application will be closed. If your Application is closed, you will have to reapply for your Retirement Benefits which will affect your Date of Retirement.**

***** For your convenience, a Notary Public is available at the Trust Fund Office*****

****IT IS SUGGESTED THAT YOU SUBMIT YOUR APPLICATION AT LEAST 60 DAYS PRIOR TO YOUR ANTICIPATED RETIREMENT DATE****

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RETIREMENT APPLICATION

1. Name _____
(First) (Middle) (Last) Social Security Number _____
2. Address _____
(Street Address) (City) (State) (Zip)
3. Telephone # (_____) _____ Cell Phone # (_____) _____
4. Date of Birth _____ (attach proof of age) Local Union # _____
5. Email address _____
6. List all prior names _____
7. Current Marital Status (You must check one)
 Never Married Married Divorced and Remarried Divorced and currently Single Separated
 Divorce in Progress Widowed Divorced and Widowed Widowed and Remarried
8. List divorce/separation dates for each divorce and attach the applicable divorce documents _____
(attach a separate sheet if necessary)

IF YOU HAVE BEEN DIVORCED SINCE YOUR EMPLOYMENT BEGAN IN THE PIPE TRADES INDUSTRY, YOU MUST SUBMIT A COMPLETE COPY OF YOUR FINAL JUDGMENT FILED WITH THE COURT AND A COPY OF YOUR COURT FILED MARITAL SETTLEMENT AGREEMENT AND/OR YOUR COURT FILED QDRO(S).

9. Current Spouse's Name _____
(First) (Middle) (Last) Social Security Number _____
10. List all prior names of Current Spouse _____
11. Current Spouse's Date of Birth _____ (attach proof of Spouse's age)
12. Date of current marriage _____ (attach a copy of your Certified Marriage Certificate)
13. Date you retired or intend to retire: Month _____ Day 1 Year _____
***Can be no earlier than the first of the month following the month that: 1) your completed Retirement Application is received at the Trust Fund Office, or 2) you terminate employment in the Pipe Trades Industry, whichever is later.**
14. **Type of Retirement (check one)**
 NORMAL RETIREMENT (age 65 or older and vested; effective the 1st of the month following your 65th birthday)
 EARLY RETIREMENT (reduced Retirement Benefit – age 55 or older with 10 or more Benefit and Vesting Credits)
 SERVICE RETIREMENT (unreduced Retirement Benefit – any age with 25 or more Benefit Credits and 25 years of participation – special rules apply)
 AGE & SERVICE RETIREMENT (unreduced Retirement Benefit – age 55 or older with 25 or more Benefit Credits and 25 years of participation – special rules apply)
 FULL DISABILITY BENEFIT WITH SOCIAL SECURITY DISABILITY AWARD (any age with 10 or more Vesting Credits or age 55, with 5 Vesting Credits, 5 Benefit Credits and a Social Security Disability Award – special rules apply). May be subject to periodic disability reviews. **Date Social Security determined you were disabled** _____ (attach a copy of the Social Security Disability Notice of Award)
 PARTIAL DISABILITY BENEFIT (determination by the Plan's Independent Medical Review Organization and 10 or more Vesting Credits regardless of age – may convert to Full Disability – special rules apply). Will be subject to periodic disability reviews. **Date you first became disabled** _____ (attach a completed Authorization to Release Information Form for the Plan's Independent Medical Review Organization)
 SPECIAL DISABILITY BENEFIT (single lump sum payment – special rules apply)

WORK HISTORY

If the question does not apply to you, indicate not applicable (N/A) on the appropriate line(s).

- 15. Year you **first worked** in the Pipe Trades Industry under the jurisdiction of UA Local 342/444 _____
- 16. Year you **first worked** in the Pipe Trades Industry if different from #15, please explain _____
- 17. Date you **last worked (or plan to work)** in the Pipe Trades Industry _____
- 18. Your current/last Pipe Trades Industry employer, and/or reciprocity worked through any other UA Locals _____

- 19. Periods of disability may help in avoiding a Break in Service (special rules apply). If you were disabled, provide the date(s) and a description of the disability below. The Trust Fund Office may require that you submit proof of disability such as entitlement to State Disability Benefits, a Social Security Disability Award, or medical evidence that cannot be documented from existing Trust Fund records (if you have not incurred a Permanent Break in Service, specify N/A).

Dates of Disability		Describe Disability
From Month / Year	To Month / Year	

- 20. Military Service that interrupted your Pipe Trades work may count for Benefit Credit or Vesting Credit or help in avoiding a Break in Service (special rules apply). (If Military Service has not affected your Pipe Trades work or credits specify N/A).

Dates of Military Service		Attach a photocopy of your Form DD-214
From Month / Year	To Month / Year	

- 21. Pro-Rata Reciprocity Credit from other Pipe Trades Pension Plans or work in other jurisdictions outside the jurisdiction of UA Local 342 (or a predecessor union) may count for vesting or help in avoiding a Break in Service (special rules apply). List any work in other jurisdictions below. Attach Pension Statements from any other Plans if available. (If you worked in other jurisdiction(s), but all contributions have been reciprocated to UA Local 342, specify N/A).

Dates of Employment		Name of Employer / Address / Phone Number
From Month / Year	To Month / Year	

- 22. If at any time after you became a Member of UA Local 342 or UA Local 444, you were Self-Employed and/or if you have ever had a Contractor's License, list all details below (attach an additional page if necessary). If you have never been Self-Employed and have never had a Contractor's License, specify N/A.

Dates of Self Employment and/or Contractor's License		Name / Type of Business / Address / Phone Number / License Number / Job Duties
From Month / Year	To Month / Year	

23. Miscellaneous additional service (if there is no additional service, specify N/A).

Describe below including applicable dates any time you **did not** work in the Pipe Trades Industry for 3 months or more because of:

- Strike or lockout: _____
- An authorized leave of absence: _____
- Employed by UA Local 342 (or predecessor union) _____
- Pregnancy, adoption and/or birth: _____
- Union business: _____
- Public employment: _____
(As "Plumber or Pipefitter" in Alameda, Contra Costa, Napa, or Solano Counties)
- Work with an employer that has a Collective Bargaining Agreement with UA Local 342, which did not require any contributions to this Plan _____
(such as certain work under the Residential/Light commercial Agreement)

24. Are you currently working in the Pipe Trades Industry? Yes No

If you are **not** currently working in the Pipe Trades Industry, please complete and sign the Employment clause below **and** attach a written explanation advising of your work status from your last day worked to the present [include the name(s), and address(es) of your Employer(s) and job duties].

I, _____, certify that I am not currently working in the Pipe Trades Industry under the jurisdiction of UA Local 342, or for any other UA Local (Reciprocity/Travel Card), and have not worked in the Pipe Trades Industry under the jurisdiction of UA Local 342, or for any other UA Local since _____.

Printed Name

Signature

Date

25. Are you planning to work in the Pipe Trades Industry **after** your Date of Retirement? Yes No

Note: Any work after Retirement requires review and prior approval.

If yes, please include a written, detailed job description. Provide the name(s), address(es) and telephone number(s) of your Employer(s): _____

Please indicate whether your current or planned employment in the Pipe Trades Industry falls within any of the following exceptions to post retirement work in the Pipe Trades Industry (**you must also attach proof of your continued employment**):

- Project Manager Above General Foreman
- Estimator for any contributing employer JATC Instructor or Coordinator
- General in-house maintenance work in one or more fixed locations for any owner/employer who is not a contractor
- Employment for the U.S. Government or for a political subdivision of the State of California
- Employment that is beneficial to the Pipe Trades Industry, the Plan and Plan Participants (as defined in the Plan)
- Other; please specify _____

ADDITIONAL INFORMATION

26. If you have worked in any occupation since you became totally and permanently disabled, describe your duties and responsibilities, and include your dates of such employment _____

27. DO you and/or a current or former spouse and/or other dependent owe money to the Northern California Pipe Trades Health and Welfare Plan and/or the Northern California Pipe Trades Supplemental 401(k) Retirement Plan and/or the Northern California Pipe Trades Pension Plan? Yes No

28. Federal Law requires 30% Federal Income Tax Mandatory Withholding from your monthly Retirement payments [including payments delivered outside of the United States (“U.S.”)], if one or more of the following statements applies to you (unless there is a Federal Tax Treaty). Please check any applicable statement(s):

- 1) You are **NOT** a U.S. Citizen – **or** – **NOT** a Permanent Resident of the U.S.
- 2) In the last year, you were **NOT** physically present in the United States on at least:
 - (a) 31 days during the calendar year, **and**
 - (b) 183 days during the current year, and the 2 preceding years (*counting all the days of physical presence in the current year, but only one-third the number of days of presence in the first preceding year, and only one-sixth the number of days in the second preceding year.*)

If any of the above statements apply to you, completion of additional documentation may be required by the Plan.

SIGNATURE AND DATE

I have read the preceding instructions for this Retirement Application and to the best of my ability complied with the Plan’s requests and requirements. I agree to be bound by all Plan rules and regulations. I understand that I must notify the Trust Fund Office of any change in my personal information, including any marital or employment status change. **I understand that the Trustees have the right to recover any payments (and costs and attorney’s fees incurred by the Plan) because of any false or misleading statements. I understand that if the Plan mistakenly makes an overpayment in the future, the Plan has the right to offset that against future payments and/or to recover such overpayments including attorney’s fees incurred by the Plan.** I understand that if I receive a retroactive Retirement Benefit for the period I have received Supplemental Disability Payments from UA Local 342, I will reimburse the Supplemental Disability Fund.

The Plan may postpone processing a Retirement Application of a Participant, Beneficiary or Alternate Payee, and/or paying monthly Retirement Benefits to any such person who owes money to this Plan or to a related Plan (including but not limited to the Northern California Pipe Trades Health and Welfare Plan and/or the Northern California Pipe Trades Supplemental 401(k) Retirement Plan).

In addition, the Trust Fund Office has the authority to deduct amounts from the monthly Retirement Benefits payable to a Participant, Beneficiary or Alternate Payee (or any lump sum or other death benefit that may be payable to any such person) to repay this Plan or any related Plan as referenced above for any amounts owed by the Participant, Beneficiary or Alternate Payee (and/or the Participant’s improperly-designated Dependent). Such amount may be twenty five percent (25%) of a person’s monthly Retirement Benefit, a minimum amount established by the Board of Trustees (such as \$250.00 or any other designated amount, even if greater than 25%), or any other amount established by the Board of Trustees.

The Trust Fund Office also has the authority to deduct amounts from the monthly Retirement Benefits payable to a Participant, for any Federal Tax Levies or Child Support Orders received for any amounts owed by the Participant, in the amount designated by the Internal Revenue Service or the Department of Child Support Services.

I AM AWARE THAT IF I RETURN TO WORK IN ANY CAPACITY AFTER I RETIRE, I AM REQUIRED TO PROVIDE WRITTEN NOTICE IN ADVANCE OF DOING SO TO THE TRUST FUND OFFICE FOR REVIEW AND APPROVAL BY THE BOARD OF TRUSTEES. I UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN A SUSPENSION OF MY RETIREMENT BENEFITS.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

Participant’s Signature

Date

