

# IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY PENSION TRUST

Main P.O. Box 398 • Dayton, Ohio 45401 – 0398

Toll Free: 800.331.4277 Fax: 937.454.5457

## PENSION APPLICATION

**You MUST include a copy of your original Birth Certificate that was issued by the Office of Vital Statistics in order for this application to be processed.**

Please complete this application in its entirety. You may complete this form on-line then print it, or print this application and hand write your answers. Once you have completed this application, be sure to Sign, Date and Return it to the above address to the attention of the Pension Department.

1. Iron Worker's Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Union Membership No.: \_\_\_\_\_ Local No.: \_\_\_\_\_

4. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ **Include copy of original Birth Certificate from the Office of Vital Statistics.**

**Marital Status:**  Single  Married  Widow(er)  Divorced  Separated

***If Divorced, please provide a copy of the divorce decree and QDRO, where applicable.***

Spouse's Full Legal Name (if Applicable): \_\_\_\_\_

Spouse's Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_ Have **you** (not your spouse) ever been divorced? Yes \_\_\_ No \_\_\_

### I apply for the following type of PENSION as described in the official Pension Plan:

|                          |                             |   |
|--------------------------|-----------------------------|---|
| <input type="checkbox"/> | <b>Regular</b>              | Age 62 or Older with at least five (5) Pension Credits.   |
| <input type="checkbox"/> | <b>30 and Out Service</b>   | Age 55 with Pension Credits earned prior to 1/1/2005 + Vesting Service on or after 1/1/2005 equal to at least 30. Pension is unreduced prior to age 62 only if you have 30 years of Vesting Service (bank hours do not count for Vesting Service).  |
| <input type="checkbox"/> | <b>100 and Out Service</b>  | At least Age 58, and your age plus your Pension Credits equal at least 100.   |
| <input type="checkbox"/> | <b>Early Retirement</b>     | At least age 55 but under age 62, have at least 15 Pension Credits. Pension amount reduced by the number of months younger than age 62.   |
| <input type="checkbox"/> | <b>Deferred</b>             | Age 55 or older if you left Covered Employment ("CE") and begin receiving pension payment later when you retire. Need 5 Years of Vesting Service or Pension Credits unless you left CE before 2/1/89 (need 10 Years of Vesting Service). If under age 62, you need 15 Pension Credits if you left CE prior to 2/1/89. |
| <input type="checkbox"/> | <b>Regular Disability</b>   | Under age 62 and TOTALLY AND PERMANENTLY DISABLED by Social Security. Need 5 Pension Credits or Vesting Service. You must work 500 hours in the 24 months before disability. You must have 30 Pension Credits OR a Social Security Award.   |
| <input type="checkbox"/> | <b>Auxiliary Disability</b> | Under age 62 with at least 5 Pension Credits or years of Vesting Service but do not have at least 30 Pension Credits or a Social Security Award. You must work 500 hours in the 24 months before disability.  |
| <input type="checkbox"/> | <b>Pro Rata (Partial)</b>   | If you are not vested, but have Pension Credits in another Ironworker plan. Need 2 years of Service Credit or 250 hours in Covered Employment since 1/1/83 to be eligible for a partial pension under this plan.  |

***\*In the event of any conflict, the terms of the Pension Plan shall control. The above is a brief summary of the pension types.***

5. List Union membership by Locals since December, 1946:

**Local Union:      Date From:      Date To:      Local Union:      Date From:      Date To:**

I. \_\_\_\_\_ IV. \_\_\_\_\_

II. \_\_\_\_\_ V. \_\_\_\_\_

III. \_\_\_\_\_ VI. \_\_\_\_\_

To which Local Union do you currently belong? \_\_\_\_\_

6. Date you last worked at the trade or expect to work before retirement? \_\_\_\_/\_\_\_\_/\_\_\_\_

7. List employers' names and addresses and number of hours worked each month for the last four months prior to retirement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Have you served in the Armed Forces of the United States?     Yes     No

**Branch of Service:**

**Date Entered:**

**Date Discharged or Separated:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_\_/\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_\_/\_\_\_\_

Attach certified evidence of your Armed Forces Service (e.g. DD-214, separation papers, discharge papers)

**Complete Section 9 only if you are applying for a Disability Pension before Age 62.**

9. Is the reason for your retirement because of a Total Disability?     Yes     No

(a) Have you applied for Social Security Benefits?     Yes     No

(b) Nature of your Disability: \_\_\_\_\_

(c) When did you become disabled? \_\_\_\_/\_\_\_\_/\_\_\_\_

(d) Is your disability the result of an industrial injury or illness?     Yes     No

If yes, attach copies of any industrial awards showing dates weekly benefits were paid.

(e) Name, Address, Phone Number of your disabling Physician:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(f) Date of your most recent examination/treatment: \_\_\_\_/\_\_\_\_/\_\_\_\_

You must include the **Disability Pension Examination Report** completed by your Disabling Physician.

(g) Have you worked at all at any occupation since you became disabled?     Yes     No    If Yes:

**Date From      Date To      Employer      Monthly Earnings      Type of Work**

I hereby apply for a Pension from the Iron Workers District Council of Southern Ohio and Vicinity Pension Trust, 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.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_  
**Iron Worker's Signature      Date      Area Code and Phone No.**