



SOUTHERN CALIFORNIA PIPE TRADES RETIREMENT FUND

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BASIC PENSION APPLICATION

PART 1 – INSTRUCTIONS

Please review this entire application carefully and follow all the instructions. Make sure your answers are complete and legible. Mail the completed application and all other required documents to the Fund Office at the address above.

PART 2 – PARTICIPANT'S INFORMATION

Name _____ Social Security Number (only last four required) _____

Address _____

Phone Number _____ Email Address _____

Date of Birth _____ Local Union Number _____ Date you retired or plan to retire _____
You are required to provide proof of age.
Please refer to the Instructions in Part 8.

PART 3 – EMPLOYMENT INFORMATION

Current Employer (whether or not in the plumbing/pipefitting industry) _____ Current Employer's Address _____

Type of work performed _____ Last date of employment _____

Prior Employer (whether or not in the plumbing/pipefitting industry) _____ Prior Employer's Address _____

Type of work performed _____ Last date of employment _____

Are you currently on the out-of-work list? YES NO

Do you have an active contractor's license? YES NO

Have you ever been or are you presently an owner or corporate officer for a Contributing Employer? YES NO
If you answer "YES," answer the following:

From (mm-dd-yy) _____ to (mm-dd-yy) _____

Firm or Firms _____

Title or Titles _____

PART 4 – MILITARY SERVICE

Did you serve in the uniformed services? YES NO If you answer “No,” please skip to Part 5.

If you answer “Yes,” answer the following:

From (mm-dd-yy) to (mm-dd-yy) Branch

Did you notify the Fund, your employer, or the Union of your activation for service with the uniformed services? YES NO

Were you granted an Honorable Discharge from the uniformed services? YES NO

Did you report to your employer or your Local Union for your availability for Covered Employment within 90 days after your release from the uniformed services? YES NO

Please attach a copy of your military discharge papers.

PART 5 – SPOUSAL INFORMATION

Please check all that apply.

- Never Married
- Married – Attach the Marriage Certificate and complete the following spouse’s information.
Spouse’s Information:

Name Social Security Number (full SSN required)

Address Phone Number () -

Date of Birth
(You are required to provide proof of age.
Please refer to the Instructions in Part 8.)

- Separated – Attach the Marriage Certificate and complete the following spouse’s information.
Spouse’s Information:

Name Social Security Number (full SSN required)

Address Phone Number () -

Date of Birth
(You are required to provide proof of age.
Please refer to the Instructions in Part 8.)

- Divorced – Attach the divorce decree and any Qualified Domestic Relations Order not previously submitted to the Fund. If you have been divorced more than once, attach a separate page with the information requested in this section.
Spouse’s Information:

Name Social Security Number (full SSN required)

Address Phone Number () -

Date of Birth (mm-dd-yy)
(You are required to provide proof of age.
Please refer to the Instructions in Part 8.)

- Widowed – Attach Death Certificate.

PART 6 – DISABILITY PENSION APPLICANTS

If you are not a Disability Pension applicant, please skip to Part 7.

If you are applying for a Disability Pension, please complete the following:

<u>Nature of Disability</u>			<u>Date you became disabled (mm-dd-yy)</u>
Have you applied for Social Security or Veteran's disability benefit? If you answer "Yes," answer the following:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Has it been approved?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Has it been denied?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If denied, is it currently under appeal?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If appealed, has the appeal been denied?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

- If you are applying for a Disability Pension, you **must** submit a copy of your Social Security or Veterans Administration award letter.
- If you are in the process of applying for Social Security or Veteran's benefits, you may submit the award letter as soon as it becomes available.
- If you are applying for the Occupational Disability Pension, you must also attach a copy of the letter denying your appeal of the loss of your previous Social Security or Veteran's disability benefits.
- If your disability has not yet been approved, and you want to apply for a non-disability pension and later convert to a disability pension (provided you meet the requirements), then check this box:

PART 7 – VERIFICATION OF APPLICATION INFORMATION

I hereby apply for payment of a pension from the Southern California Pipe Trades Retirement Fund.

I attest that the preceding 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 Board of Trustees of the Southern California Pipe Trades Retirement Fund will have the right to recover any payments made to me because of a false statement.

I understand that the Fund may inquire about my marital status with various organizations and individuals. I consent to releasing any information about my marital status from my employers, my local union or the district council to which it is affiliated, any fringe benefit fund in which I have participated, and any other organizations or individuals.

I understand that this is only an application and that I must meet all the conditions set forth in the Plan, as determined by the Fund Office and the Board of Trustees, to be entitled to receive a benefit, including ceasing work for my employer.

X

Signature

Date

PART 8 – INSTRUCTIONS FOR PROOF OF AGE

The acceptable proofs of age are listed below in Groups 1 and 2. Submit a copy of one of the proofs listed in Group 1 if you have it or can possibly obtain it because this class of proof of age is the most convincing. Be sure that the document you submit is readable.

If you cannot submit proof from Group 1, submit copies of two proofs from Group 2. Additional proof of age may be requested if the documents you submit do not constitute satisfactory proof of age.

You must submit proof of age for both you and your spouse.

GROUP 1 One Proof Required	GROUP 2 Two Proofs Required
<ul style="list-style-type: none">• Birth Certificate• Baptismal certificate or statement as to the date of birth shown by a church record, certified by the custodian of such records.• Notification of registration of birth in a public registry of vital statistics	<ul style="list-style-type: none">• Medicare Health Insurance Card if effective on 65th birthday• Hospital birth record certified by the custodian of such records• A foreign church or government record• A signed statement by a physician or midwife in attendance at birth• Naturalization record• Immigration papers• Certification of Record of Age by U.S. Census Bureau• Military record showing date of birth or age• Passport• School records, certified by the custodian of such records• Vaccination record, certified by the custodian of such record• An insurance policy that shows the age or date of birth• Marriage records, showing date of birth or age (application for a marriage license or church record certified by the custodian of such record• Other evidence, such as signed statements from persons who know the date of birth