

# Sheet Metal Workers' Benefit Funds

LOCAL UNION No. 71

24 LIBERTY AVENUE  
716-835-8836



BUFFALO, N.Y. 14215-2112  
FAX: 716-835-8496

## PENSION APPLICATION

### INSTRUCTIONS:

Please read this application carefully before answering any questions. **PRINT** or **TYPE** except where your signature is needed. If you do not understand any part of this application, call the Pension Fund Office for assistance.

If additional space is needed for an answer, you may attach a separate sheet of paper to this application. Mark it plainly with your name and the number of the question (s) to which additional information applies. Answer all questions which apply to you. **BE SURE TO SIGN AND DATE YOUR APPLICATION.**

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### PERSONAL DATA:

1. NAME \_\_\_\_\_ S.S.# \_\_\_\_\_  
(Last) (First) (M.I.)
  2. ADDRESS \_\_\_\_\_  
(No. & Street Name) (City or Town) (State) (Zip)
  3. PHONE NO. \_\_\_\_\_ ( )
  4. E-MAIL \_\_\_\_\_
  5. UNION MEMBERSHIP NO. \_\_\_\_\_
  6. DATE OF BIRTH \_\_\_\_\_  
(Mo./Day/Year)
  7. INTENDED RETIREMENT DATE \_\_\_\_\_  
(Mo./Year)
- 
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TYPE OF PENSION:

8. a. If eligible, I want to retire on a (check one)

\_\_\_\_\_ Regular Pension ... (For employees who reach age 64 and have 15 pension credits)

\_\_\_\_\_ Early Retirement Pension (For employees who are at least age 55 and have at least 15 pension credits)

\_\_\_\_\_ Deferred Pension... (For employees who are age 64 and have at least 5 years of vesting service; see plan booklet for rules before June 1, 1997)

\_\_\_\_\_ Disability Pension (For employees who are permanently and totally disabled, have at least 15 pension credits, have worked in Covered Employment for at least 300 hours within the 24 months of the time they became permanently and totally disabled and are receiving Social Security Disability Awards; please attach certificate of award)

\_\_\_\_\_ Industry Disability Pension (For employees who are permanently and totally disabled from engaging in any employment in the Sheet Metal Industry, have at least 15 pension credits, have worked in Covered Employment for at least 300 hours within the 24 months of the time they became permanently and totally disabled. Industry Disability eligibility will be determined by the Trustees based on physician examination. Physician Report of Disabling Condition must be submitted with this application.)

Complete #15 only if you are applying for a Disability Pension.

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FORMS OF PAYMENT

9. Single Participants will receive their pension in the form of a Single Life Annuity with 36 months guaranteed. Married Participants must select from the following:

\_\_\_\_\_ Single Life Annuity with 36 months guaranteed

\_\_\_\_\_ Husband and Wife Pension and choose one of the following:

\_\_\_\_\_ 50% Husband and Wife Pension

\_\_\_\_\_ 75% Husband and Wife Pension

UNION MEMBERSHIP:

10. When did you first join Local 71? \_\_\_\_\_  
(Mo./Year)

11. Since you first joined, have there been any periods when you dropped your membership, withdrew, or were transferred out of membership in this Local?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please specify month and year below:

From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

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**EMPLOYMENT HISTORY:**

12. List all periods of employment in the sheet metal industry prior to June 1, 1963 that you were not a member of Local 71.

Employer	Address	Job Classification	Dates of Employment			
			From Month	Year	To Month	Year

**PERIODS OF DISABILITY, MILITARY SERVICE:**

13. Have you ever suffered disability for which you received New York State Workmen’s Compensation or Disability Benefits?

Yes                       No

If “Yes” show periods below:

From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

14. Were you ever in the service of the Armed Forces of the United States?

Yes                       No

If “Yes”, show month and year of service.

From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**DISABILITY PENSION:** (Only complete this section if you are applying for a Disability Pension)

15. If you are totally and permanently disabled, so as to be prevented from working in any occupation or employment, state:

- a. Date of disability incurred \_\_\_\_\_
- b. Nature of disability \_\_\_\_\_
- c. Name of your doctor \_\_\_\_\_
- d. Doctor's address \_\_\_\_\_  
\_\_\_\_\_

e. Have you applied for a Federal Social Security Disability Pension?

Yes  No

f. If "Yes", give date of application and office to which application was made \_\_\_\_\_  
\_\_\_\_\_

Have you received a decision on your application as yet?

Yes  No

If "Yes", has it been approved or rejected?

Approved  Rejected

If it has been approved, submit with this application the Certificate of Award or other proof of award.

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**EXPLANATION OF HUSBAND-AND-WIFE PENSION:**

Please read the information on page 6 carefully before deciding to elect or reject the Husband and Wife Pension.

If you elect the Husband and Wife Pension skip page 7 and go on to page 8.

If you reject the Husband and Wife Pension both you and your spouse must complete page 7 and have the rejection statements notarized.

## **Information Concerning the Husband and Wife Pension**

It is important that you understand that the following conditions apply when making the choice regarding the Husband and Wife Pension.

1. If you elect the Husband and Wife Pension, then the 36-month provisions of the Plan described in Section VI do not apply.
2. If you **DO NOT** elect the Husband and Wife Pension, your named beneficiary will receive a death benefit in accordance with Section VI of the Pension Plan.
3. You and your spouse must be married to each other when your pension payments begin and must be married at least one year at the time of death for any election to be effective.
4. If your spouse dies after your pension becomes payable, the election remains in effect and you will continue to receive the reduced benefit for your lifetime.
5. If you and your spouse are divorced after your pension becomes payable, the election remains in effect and (s)he will, should (s)he survive you, receive the benefit under the Husband and Wife Pension arrangement for his/her lifetime unless a divorce decree states otherwise.
6. If your spouse dies or you are divorced before your pension benefits begin, the election is cancelled and you will receive the amount due you before adjustments are made because you elected the Husband and Wife arrangement.
7. If you reject the Husband and Wife Pension but want your benefits paid under another option in our Pension Plan, you will have to sign the appropriate forms for the other option.
8. There are two forms of the Husband and Wife Pension. Both provide for an actuarial reduction in the monthly pension for the life of a pensioner. When the pensioner dies, the spouse receives a lifetime pension equal to 75% or 50% of the amount that was being paid when the pensioner was alive, depending on which Husband and Wife Pension has been chosen. The actuarial reduction to the monthly pension of the pensioner is greater under the 75% form of benefit than under the 50% form of benefit.
9. If the Husband and Wife Pension is rejected, a higher amount is paid to the pensioner while living but no pension continues to the spouse after the death of the pensioner. Other options available under the Pension Plan may provide some death benefits, if one of those options is selected.
10. You have at least 30 days after you receive this notice to elect to waive a Husband and Wife Pension and elect a single life annuity. If you sign and return the attached Husband and Wife Pension rejection form to the Union Office less than 30 days after you receive this notice, then our receipt of your signed form is your waiver of any unexpired portion of the minimum 30 day period. If you elect the single life annuity, then you have the right to revoke that election until monthly payments actually begin.

SHEET METAL WORKERS LOCAL 71 PENSION FUND

Husband and Wife Pension Rejection Form  
Employee's Statement

I, \_\_\_\_\_ do not wish to receive my pension benefits in the form of a Husband and Wife Pension. I  
(Insert name)  
understand that rejecting this form of pension means lifetime benefits will not be paid to my spouse by the Pension Plan after my death.

(Check one)

- I hereby swear that I am not legally married as of my effective date of pension.
- I hereby swear that I am unable to locate my spouse.\*
- I hereby swear that the person co-signing this document below is my current and legal spouse, as of my effective date of pension.

\_\_\_\_\_  
(Date) (Employee's signature)

State of \_\_\_\_\_ }  
County \_\_\_\_\_ } SS:

On the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

before me came \_\_\_\_\_  
To me known and known to me to be the person described in and  
who executed the foregoing statement and (s)he duly  
acknowledged to me that (s)he executed the same.

\_\_\_\_\_  
Notary Public \*Additional proof will be needed if you check this box.

**Spouse's Statement**

I, \_\_\_\_\_ do not wish to receive my spouse's pension benefits in the form of  
a Husband and Wife Pension. I understand that rejecting this form of pension means lifetime benefits will not be paid to me in  
the event my spouse predeceases me.

(Check one)

- I hereby swear that I am not legally married as of my effective date of pension.
- I hereby swear that I am unable to locate my spouse.\*
- I hereby swear that the person co-signing this document below is my current and legal spouse, as of my effective date of pension.

\_\_\_\_\_  
(Date) (Spouse's signature)

State of \_\_\_\_\_ }  
County \_\_\_\_\_ } SS:

On the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

before me came \_\_\_\_\_  
To me known and known to me to be the person described in and  
who executed the foregoing statement and (s)he duly  
acknowledged to me that (s)he executed the same.

\_\_\_\_\_  
Notary Public \*Additional proof will be needed if you check this box.

SHEET METAL WORKERS LOCAL 71 PENSION FUND

MARITAL STATUS            Married    Single    Widowed    Divorced

Please complete the following, if applicable:

1. I have read the information concerning the Husband and Wife Pension on page 5 and have decided to .....

Elect \_\_\_\_\_            Reject \_\_\_\_\_

\_\_\_\_\_ the Husband and Wife 50 % Pension    \_\_\_\_\_ the Husband and Wife 75% Pension

2. Spouse's full name: \_\_\_\_\_

3. Spouse's date of birth: \_\_\_\_\_  
(Mo./Day/Year)

4. Spouse's Social Security No.: \_\_\_\_\_

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INSTRUCTION ON PROOF OF AGE TO APPLICANT FOR RETIREMENT:

Please attach a copy of:

1. Your Birth Certificate.
2. Spouse's Birth Certificate (for Husband and Wife Pension Only)
3. Certificate of Marriage (for Husband and Wife Pension Only)
4. Social Security Certificate of Award (for Disability Pension Only)

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RETIREMENT DECLARATION:

I HEREBY make application for a pension under the Sheet Metal Workers Local Union No. 71 Pension Fund. The statements on this application are true to the best of my knowledge and belief. I understand that I may be required to show proof of any statement I make in this application. I further understand that a false statement may disqualify me for pension benefits and that the Trustees shall have the right to recover any payments made to me in reliance upon any false statements.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



NAME OF PENSIONER: \_\_\_\_\_

I HEREBY DESIGNATE THE FOLLOWING PERSON AS MY BENEFICIARY TO RECEIVE ANY BENEFITS PAYABLE AT MY DEATH UNDER THE RULES AND REGULATIONS OF THE SHEET METAL WORKERS' LOCAL UNION NO. 71 PENSION PLAN.

\_\_\_\_\_  
Name and address of first choice for beneficiary                      Beneficiary Date of Birth

\_\_\_\_\_  
Relationship to Pensioner                                                      Beneficiary Social Security Number

\_\_\_\_\_  
Name and address of second choice for beneficiary                      Beneficiary Date of Birth

\_\_\_\_\_  
Relationship to Pensioner                                                      Beneficiary Social Security Number

\_\_\_\_\_  
Signature of Pensioner                                                              Date

\_\_\_\_\_  
Signature of Witness                                                                      Date

NOTE: Witness can not be a beneficiary

NOTE: If you use a married woman as beneficiary, use her full name. For example, Jane E. Smith, not Mrs. Philip Smith.