



Eighth District Electrical Pension Fund

Administrative Office
2821 SOUTH PARKER ROAD
SUITE 215
AURORA, COLORADO 80014



THE PENSION PLAN FOR THE EIGHTH DISTRICT ELECTRICAL PENSION FUND

HOW TO COMPLETE YOUR PENSION APPLICATION FORM

You have requested an application to begin distribution of your pension benefit under the Eighth District Electrical Pension Fund. This is a two-step process. In order to begin, please complete the attached Application in its entirety and return it to the Administrative Office at the address below along with the requested copies of birth certificates and marriage certificates.

If you are an Active Member with current Health & Welfare eligibility, please include a copy of your NEBF pension history so that we may calculate your Retiree Health election.

Your benefit will be calculated based on this information. Once that has been completed, you will receive a benefit election packet which will provide you all the necessary forms along with a detailed description of your benefit options.

Mail or bring the completed application and the required evidence of age and marriage to:

**Eighth District Electrical Pension Fund
2821 S. Parker Rd., Suite #215
Aurora, CO 80014**

APPLICATION TO RECEIVE A DISTRIBUTION

EIGHTH DISTRICT ELECTRICAL PENSION FUND

A. Participant Information

Name: _____
Address: _____

Telephone # _____
Social Security# _____
Date of Birth (*attach proof**): _____

Last day worked: _____

Marital Status: Single Married Widowed Separated Divorced (**Please include all Divorce Decrees even if you are remarried**)

If you are currently legally married:

Name of Spouse: _____ Spouse Date of Birth (*attach proof**): _____
Date of Marriage (*attach proof*): _____ Spouse Social Security #: _____

If you are not married or are naming someone else as your Primary Beneficiary, please provide the following: (please be advised that if you are married, your spouse must confirm)

Name of Beneficiary: _____ Date of Birth (*attach proof**): _____
Complete Address: _____
Telephone Number: _____ Spouse Social Security #: _____

*The acceptable proofs of your date of birth are listed below in two groups. Submit a copy of one of the proofs listed in Group I. If you cannot submit a proof in Group I, submit copies of two of the proofs listed in Group II.

Group I	Group II
A birth or baptismal certificate	Military Record
A signed statement by the Physician or midwife who was in attendance at birth	Passport
Notification of registration of birth in a public registry of vital statistics	School records certified by custodian of such record
Certification of record of age by the US Census Bureau	An insurance policy showing date of birth
A foreign government record	Marriage records showing date of birth
Naturalization record	Letter from Social Security showing Date of Birth
Immigration papers	Vaccination record, certified by the custodian of record
Hospital Birth Record, certified by the custodian of record	Other evidence such as signed statement from persons who have knowledge of the date of birth

B. Type of Pension

I am applying for a(n) (choose one):

- Regular Pension.** Normal Retirement Age is the later of age 65 or the fifth anniversary of your participation in the Plan.
- Early Pension.** You are eligible to retire with an Early Retirement if you are at least age 55 (but not age 65), have at least 5 years of Credited Service without a Permanent Break in Service, and have not incurred a Separation from Covered Employment since you last worked in Covered Employment.

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- Service Pension.** You are eligible to retire with a Service Pension if you are at least age 55 (but not age 65), have 30 years of Credited Service under this Plan, and have not incurred a Separation from Covered Employment since you last worked in Covered Employment.
- Deferred Pension.** You are eligible to retire on a Deferred Pension if you have achieved vested status. There are eligibility requirements you must meet to be eligible for this type of pension.
- Disability Pension.** You are eligible to retire on a Disability Pension if you are Disabled. You must meet certain eligibility requirements for this type of pension.

For a more detailed description of the eligibility requirements for each type of pension, see your *Summary Plan Description*.

C. Pension Effective Date

Your Pension Effective Date is the date as of which your retirement payments are scheduled to begin. An application must be submitted to the Board no later than the second month after retirement or other work cessation which would entitle you to pension payments. I elect a Pension Effective Date of: _____ 1st, 20____.

D. Membership History

Please list your Union membership or employment history before the Contribution Date in the geographical area covered by the Plan:

Employer or Local Union Number	City and State	Dates of Union Membership or Employment	
		From: Month/Year	To: Month/Year

List the name and job site of your most recent employer: _____

Participant's Signature

I hereby apply for a pension benefit and request a benefit election packet. I understand that, in order to perfect my application, I must timely complete and submit all required forms and documentation indicated in the benefit election packet.

 Signature of Participant

 Date

To: Local Union No. _____ Date: _____

Re: _____ SS#: _____

We have received a Pension Application from the above named individual who claims to have been a member of your Local Union from _____ to _____.

Please provide the information requested below so that we can determine whether or not the Participant qualifies for a pension under the Rules of the Eighth District Electrical Pension Fund.

Please return the completed form to us at the above address. This letter must bear the original signature of an authorized officer of the Local Union. We have enclosed an envelope for your convenience.

Your cooperation is appreciated.

Very truly yours,

BOARD OF TRUSTEES

By: _____
Administrative Office

UNION STATEMENT

According to our records the above named Participant has been a member of our Local Union and has been employed in the geographical area covered by the Plan in a job classification covered by the Collective Bargaining Agreement as follows:

_____ to _____
Job classification month/year month/year

_____ to _____
Job classification month/year month/year

According to our records, prior to becoming a member of our Local Union the above named Participant was employed in a job classification covered by the Collective Bargaining Agreement working within the geographical area covered by the Plan as follows:

_____ to _____
Member of Local Union/job classification month/year month/year

_____ to _____
Member of Local Union/job classification month/year month/year

According to our records, the date of birth of the above named is: _____

Signature _____ Title _____

Date: _____