



Application for Pension

PROCEDURE FOR PENSION APPLICANTS

The employee must complete several administrative forms in order to ensure that proper service credits are granted under the Pension Plan to an employee upon his termination of covered employment and to establish the employee's correct age (so that his entitlement to a pension benefit under the Plan and the monthly amount thereof are precisely determined). The employee must also submit proof of age for the spouse/survivor and a copy of the marriage license if you are married or separated.

The employee filing an application for **Normal, Early or Disability** pension should complete and return:

- **Application for Pension** (Pages 2-4)
- **Form 5.02 ("Acknowledgement of Optional Notification")** if the employee is
 - (a) applying for Early or Normal pension
 - (b) applying for Disability pension between the ages of 55 and Normal retirement age
- **Affidavit of Participant** (signed by the employee and notarized) if the employee is single, divorced or widowed.
- **Proof of Age documents** (see Page 5 for documents that are acceptable) for the employee, your current spouse, and for any survivor chosen on Form 5.02. Please send legible copies. **DO NOT SEND ORIGINAL DOCUMENTS.**
- **Marriage License** for employee who is legally married or separated when the Application is submitted.
- **Your Social Security Statement** (see Page 4 for instructions) if you are under the age of 62 AND have service with a Participating Employer within the past 5 years.

The employee filing an application for a **Vested Retirement** pension may request your pension to commence on your Normal Retirement Date. If the employee's Eligibility Service totals 10 or more years, you may request your pension to commence at the beginning of any month on or after age 55.

The employee should submit all required forms about 4 to 6 months before your expected retirement date in order to expedite the payment of your pension. The forms should be forwarded as soon as possible after Disability is incurred in the case of Disability Retirement. The employee who delays transmittal of any of the required forms may incur a longer waiting period before receiving your first pension payment.

A LATE FILING OF THE APPLICATION COULD RESULT IN THE PERMANENT LOSS OF SOME MONTHLY PENSION PAYMENTS.

ALL APPLICATIONS FOR PENSION BENEFITS SHOULD BE SENT TO:

**UFCW CONSOLIDATED PENSION FUND
THE FUND OFFICE
1740 PHOENIX PARKWAY
ATLANTA, GA 30349**



TYPE OF PENSION:

To the best of my knowledge, I am entitled to a Plan pension under the following retirement provision: (check whichever applies)

<input type="checkbox"/>	Normal Retirement: I am retiring on or after my Normal Retirement Date
<input type="checkbox"/>	Early Retirement: I am retiring for reason other than Disability on or after my 55 th birthday with at least 10 years of Eligibility Service. I am aware that, if my pension payments commence before my Normal Retirement Date, the monthly amount will be reduced for life.
<input type="checkbox"/>	Disability Retirement: I am retiring because of total and permanent Disability before my Normal Retirement Date, and my Employment with an Employer participating in the UFCW Consolidated Pension Fund has been terminated due to Disability. (Disability retirement will be based on Plan Provisions, please call the Fund Office with questions about your Plan Provisions.) I am providing: <input type="checkbox"/> Social Security Award Letter showing date of disability award by SSA. <input type="checkbox"/> Two (2) Disability Certificates completed by Medical Doctors in separate practices.
<input type="checkbox"/>	Vested Retirement: I am retiring for reason other than Disability before my 55 th birthday with at least 5 years of Eligibility Service. I understand that my Vested Pension will commence on my Normal Retirement Date. If my Eligibility Service totals 10 or more years, I can request an earlier commencement date (at or after my attainment of age 55). No payments will be made to me unless and until at least one month prior to the date on which I wish my vested Pension to commence, and not more than 6 months prior to such date I shall forward to the Fund Office my request for payment, advising of my then mailing address as well as my desired pension commencement date.

I understand that the Pension Plan provides that no pension payments can be made to me unless and until I file a proper written application on a form prescribed by the Trustees. Accordingly, I hereby state that my Employment with all participating Employers under the Plan will shortly be (or already has) terminated, and I hereby file this application for Pension. To that end, I submit proof of my age and submit the following information:

INFORMATION ABOUT YOURSELF:

Last Name:		First Name:		Middle Name:	
Social Security Number:		Date of Birth: (Proof Required)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Local Union No.
Mailing Address: (Street Address or PO Box, City, State, Zip Code)					
Phone Number: (include Area Code)			Email address:		
Current Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Never Been Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law Marriage					



INFORMATION ABOUT YOUR SPOUSE (Required if you are currently married or separated):

Husband/Wife Name:	Husband/Wife Date of Birth: (Proof Required)	Date of Marriage:
Mailing Address: (Street Address or PO Box, City, State, Zip Code)		
Phone Number: (include Area Code)	Email address:	

If you are married, please provide a copy of your marriage certificate and proof of age of your spouse. Acceptable documents for Proof of Age are listed on Page 5.

EMPLOYMENT RECORD:

The accuracy of your entries is important, because they will be used to establish a **permanent** record of your past service credits under the pension program. If your entries are verified by your present and any past employers, they will be posted to your permanent record and will determine whether you are eligible for a pension benefit when you retire, as well as the pension amount payable. If you are unable to recall an exact date, estimate the month and year to the best of your recollection; ANY ESTIMATED DATE SHOULD BE CIRCLED to indicate that it is not an exact date.

Under current provisions of the Pension Plan, “past service” credits are granted only for previous periods which you worked for participating Employers under the Plan while represented by the Union within the geographical jurisdiction, and only if such work was in a position currently covered by the collective bargaining agreement between the Union and your employer. However, since the Plan could be amended in the future to recognize past periods worked for other employers or in non-covered positions, it is advisable that you list in the following table **all periods of prior employment in the retail food industry**. Begin with the first employer for whom you worked and list all subsequent employers up to and including your present employer. Enter any period of part-time employment on a separate line, and in the last column show the number of work-days per calendar month (or hours per week) for each such period of part-time employment.

EMPLOYER	LOCATION (City & Store Name)	FIRST DAY WORKED	LAST DAY WORKED	TITLE, POSITION OR JOB DESCRIPTION	LOCAL UNION NO.	PART-TIME EMPL. DATA

Except for certain “excused absences,” a break in service could mean a loss of past service credits. Therefore, it is important that you list each period of absence of the type described below:

EMPLOYER	DATE LEFT	DATE RETURNED	REASON FOR ABSENCE	*ENTER ONE OF THE FOLLOWING CODES
				M.S. – Military Service S.L. – Sick Leave (illness or injury) U.E. – Union employment (as employee or official of the Union or its International Association)



				O.C. – Other Cause (state briefly)
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EMPLOYEE’S RETIREMENT DATE:

I understand and acknowledge that if I retire on Normal Retirement, Disability Retirement or Early Retirement, *I must terminate my employment with any Employer that contributes to the Fund.*

I further understand that if I retire on Disability Retirement, I cannot return to work as long as I am receiving a Disability Retirement, and if I retire on Normal Retirement or Early Retirement, I cannot return to work with an Employer who contributes to the Fund for at least thirty (30) days after the Effective Date of my retirement.

CURRENT / LAST EMPLOYER covered under the UFCW Consolidated Pension Fund: _____

My last day of employment was (will) be: _____
Date/Year

_____ I have no vacation or personal holidays coming, or

_____ I have an accrued vacation of _____ days & _____ personal holidays

Which will extend my last day of covered employment until _____
Month/Day/Year
(This will be your final date after all
Vacation and Personal Holidays)

You will be eligible to receive your first check the month following your termination from employment if you have submitted your application prior to your termination.

IF YOU ARE UNDER THE AGE OF 62 AND HAVE SERVICE WITH A PARTICIPATING EMPLOYER WITHIN THE PAST 5 YEARS:

In order to assist with the Level Benefit Option, *you can provide a copy of Your Social Security Statement* which can be downloaded at <http://www.ssa.gov>. “SIGN IN OR CREATE AN ACCOUNT”. CREATE YOUR ACCOUNT FOLLOWING THE STEPS IN THE WEBSITE. CLICK “PRINT/SAVE YOUR FULL STATEMENT” or BY calling Social Security Administration at 1-800-772-1213.

APPLICANT’S CERTIFICATION:

I am applying for a pension benefit from the UFCW Consolidated Pension Fund. Under penalty of perjury, I certify that the information I have given in this application is true and correct to the best of my knowledge. I understand that if any of the information is false, and that if I then receive benefits because of false information, I shall have to repay the benefits to the UFCW Consolidated Pension Fund. I also understand that if I have given false information, the Fund may take legal action against me.

Date _____ Signature _____



Please be sure to sign the above to avoid any unnecessary delays in processing. Thank you.

INSTRUCTIONS FOR SUPPLYING PROOF OF AGE

One or more of the proofs of age listed below must be furnished for the employee and the spouse/survivor.

A BIRTH CERTIFICATE IS PREFERRED, however, if you cannot submit a Birth Certificate:

- Any one of the Items listed 1-5 will suffice as Proof of Age.
- If you submit Documents 6-18, you must submit at least two (2) documents to satisfy the Proof of Age requirement.

PLEASE SEND LEGIBLE COPIES. **DO NOT SEND ORIGINAL DOCUMENTS.**

Provide one (1) document:

1. Birth Certificate.
2. Passport.
3. United States Census Bureau Data.
4. Baptismal certificate or statement as to the date of birth shown by church records, certified by the custodian of such records.
5. Notification of registration of birth in a public registry of vital statistics.

Provide two (2) documents:

6. Hospital records of date of birth, certified by custodian of such records.
7. Foreign church or government records.
8. Signed statements of Physician or Midwife in attendance, of date of birth shown.
9. Family Bible or other record certified by a Notary Public.
10. Naturalization Record.
11. Immigration Papers.
12. Record of military service.
13. School record certified by custodian of such records.
14. Vaccination record certified by custodian of such records.
15. Insurance Policy showing date of birth of age.
16. Labor Union or Lodge records certified by custodian of such records.
17. Marriage records showing date of birth or age, certified by custodian of such records.
18. Other records, such as a signed statement from persons who have knowledge of the date of birth, voting records, driver's license, or other such documents.