



# **ADMINISTRATIVE OFFICES**

*HEALTH & WELFARE, PENSION AND DEFINED CONTRIBUTION*  
3109 N. 24th Street, Suite 105 ♦ Phoenix, AZ 85016  
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[www.azpipe.org](http://www.azpipe.org)

## **ARIZONA PIPE TRADES PENSION TRUST FUND APPLICATION**

### **INSTRUCTIONS:**

1. Print all information.
2. Please answer all questions applicable as this will avoid delay in processing your application
3. Attach additional sheets if you need more space to answer any questions.
4. **BE SURE TO SIGN AND DATE APPLICATION**
5. Mail the completed application to:  
Arizona Pipe Trades Pension Trust Fund  
3109 N. 24<sup>th</sup> Street, Suite 105  
Phoenix, AZ 85016

### **PERSONAL DATA:**

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street City State Zip Code

Social Security No. \_\_\_\_\_ Phone No. \_\_\_\_\_ Local Union No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Attach proof of age, e.g. photo ID and birth certificate)

Last Employer: \_\_\_\_\_

Date you intend to retire or retired: \_\_\_\_\_

I understand that retirement requires complete separation from employment and that if I fail to completely sever my employment relationship, I am not eligible for pension benefits. I affirm that I have completely severed my employment relationship as of the retirement date noted above. I acknowledge and understand that, if I return to work in the plumbing and pipefitting industry in Arizona or elsewhere within 60 days of that date, the Fund Office will presume that I did not actually retire, immediately suspend my pension benefit, and take appropriate steps to recover any pension payments that I received.

### **TYPE OF PENSION:**

If Eligible, I wish to retire on a (check one):

- \_\_\_\_\_ REGULAR PENSION (AGE 62)
- \_\_\_\_\_ EARLY PENSION (AGE 55-61)
- \_\_\_\_\_ AUXILIARY DISABILITY PENSION (Have applied for Social Security Disability Award)
- \_\_\_\_\_ DISABILITY PENSION (Must have received a Social Security Disability Award)
- \_\_\_\_\_ 80 & OUT SERVICE PENSION (Only those individuals who retire after 6/1/98)
- \_\_\_\_\_ SPECIAL NORMAL RETIREMENT AGE VESTED PENSION (AGE 65 & OLDER)

PRO-RATA PENSION: \_\_\_\_\_ LOCAL UNION: \_\_\_\_\_

If applying for a Disability Pension:

- a) Date you first became totally disabled \_\_\_\_\_
- b) Are you receive Social Security Disability Benefits? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, attach a copy of your Social Security Award Letter  
If NO, you should make application **IMMEDIATELY**.
- c) Have you been refused Social Security Disability Benefits: YES \_\_\_\_\_ NO \_\_\_\_\_

Are you now receiving or have you received Weekly Disability benefits from Health & Welfare Fund?  
YES \_\_\_\_\_ NO \_\_\_\_\_

**EMPLOYMENT HISTORY:**

A participant is entitled to Past Service credit for each plan year (up to a maximum of 10 years) that he/she was regularly employed in Arizona by a signatory employer prior to June 1, 1962, in one or more work classifications subject to an applicable Arizona Pipe Trades Collective Bargaining Agreement. Such credit is also given for work as a Business Agent for either Local 469 or Local 741.

List below periods of employment with signatory employers prior to June 1963, in Arizona in work classifications subject to the Arizona Pipe Trades Agreements:

Name & address Of Employers:	Date of Employment		Work Classification (journeyman, foreman or whatever).
	From Mo/Yr	To Mo/Yr	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If additional space is needed, please attach a separate sheet to this application.  
Relative to your above employment record, please answer the following questions either "YES" of "NO". As to any that you answer with a "YES", please explain the details concerning such employment.

- a) Were you during period of such employment working in a classification such as an estimator, working member of the firm or other classification for which the then existing labor agreement did not require a referral from Local 469 or Local 741? YES \_\_\_\_\_ NO \_\_\_\_\_
- b) Were you during any of such periods of employment working as a sole owner or partner of an unincorporated employer? YES \_\_\_\_\_ NO \_\_\_\_\_
- c) Were you during such periods of employment a corporate officer of your incorporated employer? YES \_\_\_\_\_ NO \_\_\_\_\_

Explanation of any items answered "YES" above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach hereto copies of any kind of documents or records which will tend to verify the information supplied in the employment history.

With respect for Future Service (after June 1, 1963), please answer the questions below:

- a) Were you during period of such employment working in a classification such as an estimator, working member of the firm or other classification for which the then existing labor agreement did not require a referral from Local 469 or Local 741? YES \_\_\_\_\_ NO \_\_\_\_\_
- b) Were you during any of such periods of employment working as a sole owner or partner of an unincorporated employer? YES \_\_\_\_\_ NO \_\_\_\_\_
- c) Were you during such periods of employment a corporate officer of your incorporated employer? YES \_\_\_\_\_ NO \_\_\_\_\_
- d) Did the same contractor continuously employ you, at any time, as both a bargaining unit employee, i.e., a plumber, pipefitter, and as a superintendent, estimator, manager or office of the corporation? If so, please provide the names of each contractor, the dates of employment and the positions held.  
YES \_\_\_\_\_ NO \_\_\_\_\_

Explanation of any items answered "YES" above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEMBERSHIP HISTORY:**

List below your Local Union affiliation in the State of Arizona and the approximate dates:

Local Union No. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Local Union No. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Under certain circumstances, pension credit will be given for periods of absence from covered employment, up to a maximum of 26 weeks, if they were due to a disability for which Worker's Compensation temporary disability benefits were paid, or which constituted a valid waiting period for such benefits. If you have suffered any such absences, describe below the dates, names of employers involved, and case numbers at the Industrial Commission of Arizona:

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_ Case No. \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_ Case No. \_\_\_\_\_

If additional space is needed, please attach separate sheet of paper to this application.

**CURRENT WORK STATUS:**

- a) Are you currently employed? YES \_\_\_\_\_ NO \_\_\_\_\_
- b) Name of Employer: \_\_\_\_\_
- c) Job Title: \_\_\_\_\_

d) Job Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MARITAL STATUS:**

Single \_\_\_\_\_ (Never married)  
Date \_\_\_\_\_  
Married \_\_\_\_\_  
Divorced \_\_\_\_\_ (submit copies of divorce decree(s))  
Separated \_\_\_\_\_  
Widowed \_\_\_\_\_ (submit copy of death certificate)

If married, please provide the following:

Name of Spouse: \_\_\_\_\_  
Last First Middle Initial  
Date of Birth: \_\_\_\_\_ Security No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip Code

If you are married and are entitled to a Regular or Early Retirement Pension, you may elect to receive your benefits with a Joint/Survivor Option. If you elect this option your monthly benefit will be lowered. But the person who you designate as your Co-annuitant will receive 100%, 75%, 66 2/3% or 50% of that lowered amount (in accordance with your election), after your death, for his/her lifetime.

The amount of the reduction in your monthly benefit depends on the age of your Co-annuitant and the percentage elected.

**NOTE: IF YOU ARE NOT MARRIED** and entitled to a Regular or Early Retirement Pension you may elect to receive your benefits with a Joint/Survivor Option. Options are the same as indicated above.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last First Middle Initial  
Date of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip Code

**If not married – Pensioner’s 60 Month Guarantee of Benefits**

If you are not married and do not elect the Joint/Survivor Option, and if you should die before having received 60 monthly payments, your beneficiary will be entitled to receive the balance of the guaranteed 60 monthly payment.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last First Middle Initial

Date of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

I hereby apply for a pension from the **ARIZONA PIPE TRADES PENSION TRUST FUND**

I understand that if I fail to timely respond to any additional requests for information or documents related to this application, the Fund Office may deny the application and require me to complete a new application for benefits.

I certify that all of the above statements are true and correct.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE