

# Northern California Tile Industry Trust Funds

Health & Welfare • Vacation & Holiday • Defined Benefit Pension • Defined Contribution Pension



## **Please submit the following documents with your application for benefits:**

- Birth Certificate for you and your spouse (see below for alternative documents)
- Marriage Certificate
- Copy of current driver's license or current state I.D. (with photo) for you and your spouse
- If you have ever been divorced or legally separated, please submit a complete copy of your Judgment(s) of Divorce and Qualified Domestic Relations Orders (including Separation Agreements, Property Settlement Agreement and any similar or related orders with any attachments)
- If you have ever served in the military or other uniformed services of the United States, please submit copies of your induction and discharge papers and the Credit for Uniformed Service for the United States Form. If you never served, please indicate so in a brief, written statement

## **PROOF OF AGE**

In order to be eligible for retirement benefits, you are required to produce proof of your age. The following is a list of the documents that may serve as proof of your age. Some of these documents are better proof than others. The list is arranged starting with the best type of proof, and going down to the less desirable types of documents. You are required to furnish the best type of proof that is available. You do not have to furnish the original of any of these documents; you may submit a photocopy.

1. A birth certificate.
2. A baptismal certificate or a statement as to the date of birth shown by a church record certified by the custodian of such record.
3. Notification of registration of birth in a public registry of vital statistics.
4. Hospital birth record, certified by a custodian of such record.
5. A foreign church or government record.
6. A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
7. Naturalization record.
8. Immigration papers.
9. Military record.
10. Passport.
11. School record, certified by the custodian of such record.
12. Vaccination record, certified by the custodian of such record.
13. An insurance policy which shows the age or date of birth.
14. Marriage records showing date of birth or age (applications for marriage license or church record, certified by the custodian of such record; or marriage certificate).
15. Document showing approval of Social Security Pension.
16. Other evidence, such as signed statements from persons who have knowledge of the date of birth, voting records, poll-tax receipts, driver's license, etc.

7180 Koll Center Parkway, Suite 200 Pleasanton, CA 94566

P.O. Box 1607 San Ramon, CA 94583

Phone 925.208.9995 • Toll Free 888.208.0250 • Facsimile 925.462-0108

[www.bac3tilebenefits.org](http://www.bac3tilebenefits.org) • [staff@bac3tilebenefits.org](mailto:staff@bac3tilebenefits.org)

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## PENSION APPLICATION

### PERSONAL DATA:

Participant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse Name (if married): \_\_\_\_\_

Spouse Date of Birth: \_\_\_\_\_ Spouse SSN: \_\_\_\_\_

- If married, enclose a copy of your spouse's birth record and marriage license.
- If divorced, enclose a complete copy of your divorce documents with all attachments, for any and all previous marriages.
- If widowed, enclose a copy of death certificate for any and all previous spouses.

Date you retired or plan to retire: \_\_\_\_\_ Last Date worked in the Industry: \_\_\_\_\_

Year started in the Industry: \_\_\_\_\_ Last Employer: \_\_\_\_\_

**If you have ever owned or operated a business within the Tile Industry, please provide the following information:**

- Name of Business: \_\_\_\_\_
- Do you still currently own or operate any portion of the business? [Yes / No] \_\_\_\_\_
- Do you have a current active contractor's license? [Yes/No] \_\_\_\_\_

If yes, please provide contractor license number: \_\_\_\_\_

If no, please provide date of when your contractor's license was terminated: \_\_\_\_\_

**TYPE OF PENSION:** Please check one:

☐ Normal Pension (Age 62+) ☐ Early Retirement Pension (Ages 55-62) ☐ Disability Pension

**Complete this section only if you are applying for a Disability Pension through the Plan:**

- Are you receiving Social Security Disability Benefits? ☐ Yes ☐ No
- Have you applied for Social Security Disability Benefits? ☐ Yes ☐ No

**Please note: If you answered yes, please submit a copy of the Social Security Disability Award letter together with this application. If you answered no, you must obtain a determination from the Social Security Administration before any benefits from this Plan can be paid.**

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

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## **BENEFICIARY:**

If married, print Spouse's Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**If single or divorced, please indicate the name of the person you wish to designate to receive any death benefit which may become payable through the Plan if the Husband and Wife Pension is not payable.**

Beneficiary: \_\_\_\_\_ SSN: \_\_\_\_\_

Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

## **CREDITED PAST SERVICE:**

Credited Past Service is the numbers of years you were employed with your former employer prior to your First Contribution Date. Use the space below to list periods that you wish to claim Past Service Credit.

| Name of Employer | Address | Dates of Employment |            |
|------------------|---------|---------------------|------------|
|                  |         | From                | To         |
|                  |         | Month/Year          | Month/Year |
|                  |         |                     |            |
|                  |         |                     |            |
|                  |         |                     |            |
|                  |         |                     |            |
|                  |         |                     |            |
|                  |         |                     |            |
|                  |         |                     |            |
|                  |         |                     |            |

**If you need additional space, please attach a separate paper providing the information listed above.**

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## UNION MEMBERSHIP:

Use the space below to list your Union membership history:

| Dates of Membership |                  |       |                    |                  |       |
|---------------------|------------------|-------|--------------------|------------------|-------|
| From<br>Month/Year  | To<br>Month/Year | Local | From<br>Month/Year | To<br>Month/Year | Local |
|                     |                  |       |                    |                  |       |
|                     |                  |       |                    |                  |       |
|                     |                  |       |                    |                  |       |
|                     |                  |       |                    |                  |       |
|                     |                  |       |                    |                  |       |
|                     |                  |       |                    |                  |       |

List below any periods you were absent from covered employment because of:

Physical Disability: From: \_\_\_\_\_ to \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_

Military Service: From: \_\_\_\_\_ to \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_

**I certify that all of the above statements are true and correct. I understand that a false statement may disqualify me for pension benefits, and the Trustees shall have the right to recover any payments made to me because of a false statement.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

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## DECLARATION OF MARITAL STATUS

### PARTICIPANT INFORMATION

Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: ☐ Married ☐ Single (Never Married) ☐ Divorced  
☐ Widow ☐ Other

### SPOUSE INFORMATION

Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

### FORMER SPOUSE INFORMATION

Name: (if none, please indicate NONE): \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date Marriage Ended: \_\_\_\_\_

Marriage terminated due to: \_\_\_\_\_  
(Death, divorce, other, please specify)

Name (if changed and address (if living): \_\_\_\_\_

**IF YOU HAVE HAD MORE THAN ONE PRIOR MARRIAGE, PLEASE ATTACH A SEPARATE PAPER PROVIDING THE INFORMATION REQUESTED ABOVE FOR EACH SUCH MARRIAGE.**

Please provide complete copies of ALL marriage certificates, divorce decrees, separation agreements, Qualified Domestic Relations Order, and any other accompanying documents related to the termination of your previous marriage(s). If any previous spouses have passed away, please provide a copy of the death certificate(s). If you do not have these documents, you should contact the appropriate court through which the proceedings occurred in order to obtain certified copies.

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Declaration of Marital Status

**I CERTIFIED THAT ALL OF THE INFORMATION PROVIDED ON THIS FORM IS COMPLETE AND ACCURATE.**

Participant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Must Be Notarized)

## **TO BE COMPLETED BY NOTARY PUBLIC**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of \_\_\_\_\_ County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_  
(insert name and title of the office)

Personally appeared \_\_\_\_\_,  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity (ies), and by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

\_\_\_\_\_  
Signature of Notary Public

My Commission expires: \_\_\_\_\_

## **Northern California Tile Industry Defined Benefit Plan**

### **Suspension of Benefits Notice – Important Information About Working After Retirement**

This Suspension of Benefit Notice explains when and how your retirement benefits can be suspended if you return to any covered work after retirement (also known as “Suspendible Employment”, defined below). The definition for Suspendible Employment depends on whether you are working after age 62 (Normal Retirement Age) or before age 62. Please refer to the below for the applicable definition and rules.

#### **After Age 62 (Normal Retirement Age)**

##### **Suspendible Employment:**

If you are retired and after attaining age 62 (Normal Retirement age), your benefits will be suspended during any month in which you are employed for 40 hours or more in Industry Service in the Tile Industry anywhere in the State of California, whether as an employee, or in a managerial, supervisory, proprietary or any other capacity for a participating or non-participating employer or a self-employed person, unless an exception applies. Such work will be considered Suspendible Employment.

Industry Service includes employment in any capacity in the Tile Industry, whether by or in association with a union contractor or non-union contractor or as a self-employed person.

- ***Notification of Employment in Suspendible Employment:*** If you intend to return to Suspendible Employment, you must immediately notify the Administration Office in writing. If you do not, it will be presumed that you worked 40 hours in any month in which you are found working, and if employed on a construction site, that you were employed for 40 or more hours in each month your employer was performing work at the construction site.

#### **Before Age 62**

##### **Suspendible Employment:**

If you are retired and before attaining age 62 (Normal Retirement age), you are employed in Industry Service in the Tile Industry, whether within or outside the state of California, your benefits will be suspended and will not resume until you have retired again and have attained age 62, unless an exception applies. Such work will be considered Suspendible Employment.

Industry Service includes employment in any capacity in the Tile Industry, whether by or in association with a union contractor or non-union contractor or as a self-employed person.

- ***Notification of Employment in Suspendible Employment:*** If you intend to return to Suspendible Employment, you should immediately notify the Administration Office in writing.

#### **Exceptions to Suspendible Employment**

The suspension of benefit rules will not apply if one of the below exceptions applies:

- If you are working as a teacher in an apprenticeship program of the Union;

- If you are a disability retiree who returns, or attempts to return to work in Suspendible Employment after recovery from disability as part of a rehabilitation program or due to a temporary recovery;
- If you are employed by an employer who is a signatory to a CBA and is current on contributions, in the position of marketing representative, estimator, purchasing agent, expeditor, detailer, safety director, driver, or other non-bargaining unit position approved by the Board of Trustees, provided that no employer has ever made contributions to the Plan on behalf of that position and the employer does not make contributions to the Plan on behalf of other employees in the same or similar position. You must complete a form providing information regarding the job to apply for this exception;
- If you are an owner of an Employer who is a signatory to a CBA and current on contributions if the following conditions are satisfied:
  - o You are no longer actively involved in the management of the business on a fulltime basis;
  - o You do not perform any work that would be considered covered employment
  - o You regularly employ employees in covered employment; and
  - o You do not actively work at your business for more than 80 hours per month.
- When the Business manager of the Union has certified to the Board of Trustees that there is a shortage of qualified tile layers, tile finishers or other allied trade generally in any classification covered by the CBA, then you can continue return to work in Suspendible Employment for an unlimited number of hours for up to 6 months while still receiving your monthly pension benefits, so long as the employment is for an employer that is signatory to a CBA and the employer is current on all contributions. Any month you work 40 or more hours will be counted toward this 6 month limit. You must return to retirement status immediately upon notification that such shortage no longer exists.
- If you are performing Terrazzo work pursuant to the Terrazzo and Mosaic Association CBA, for an Employer signatory to that CBA. You must complete any forms as required by the Plan providing information regarding the job and to be approved by the Employer.

### **After Age 73 (Required Minimum Age)**

If you return to work after April 1 of the calendar year following the calendar year in which you reach age 73, the Required Minimum Distribution Age (RMD), your retirement benefits will not be suspended, regardless if you work 40 hours or more a month, and you can continue to work and receive your monthly pension benefits.

### **Offset of Future Benefits for Overpayments**

If you received benefit payments for any month in which your benefits should have been suspended, the overpayments will be deducted from future payments. However, no benefit payment will be reduced by more than 25% of the full monthly payment normally due, except the first payment when your benefits recommence which may be deducted in full.

### **Notice and Appeal Rules Concerning Working in Suspendible Employment**

The complete rules for suspension of benefits appear in Article IX of the Plan Document, or under Section 9, on pages 23-24 of the 2023 Summary Plan Description. If you are considering

continuing or returning to employment which may be Suspendible Employment, you may request an advance determination from the Administration Office whether the proposed employment will cause your benefits to be suspended. If you disagree with their determination, you may appeal that determination to the Board of Trustees, under the regular appeals procedures of the Plan. The complete rules for appeal procedures appear in Article X of the Plan Document, or under Section 12 on page 25 of the 2023 Summary Plan Description.

### **Access to Information**

If requested, you must provide the Plan with access to reasonable information for the purpose of verifying employment, such as time sheets, logs or records, income tax returns (including attachments), W-2 Forms, or any other employment or income-related records. The Plan may also require that you provide written authorization for the Administration Office to obtain access to your Social Security records, which will assist the Plan in determining your work history. Any request from the Plan for information from your employer, contractor, subcontractor, union, government agency, or any other person or entity relating to any work after retirement must be provided timely.

### **Further Information**

If you have any questions or need further information, please contact the Administration Office by telephone during normal business hours at (925) 208-9999 or in writing to the Northern California Tile Industry Defined Benefit Plan, 7180 Koll Center Parkway, Suite 200, Pleasanton, CA 94566

### **Acknowledgement of Understanding**

I acknowledge that I have reviewed the above summary regarding the suspension of benefit rules and exceptions and how overpayments of benefits may be recouped under the Northern California Tile Industry Defined Benefit Plan. I understand that if I return to work in suspendible employment and an exception does not apply, that the Plan may recoup any overpayments of benefits I receive.

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Signature

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Date

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Print Name