

# 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.

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P.O. Box 1607 San Ramon, CA 94583

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## PERSONAL DATA:

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: \_\_\_\_\_

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 Month/Year	To Month/Year	Local	From Month/Year	To 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.**

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Participant Signature

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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): \_\_\_\_\_

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**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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Page 2

Declaration of Marital Status

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

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

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: \_\_\_\_\_