

LABORERS' DISTRICT COUNCIL PENSION FUND FOR BALTIMORE AND VICINITY

APPLICATION FOR PENSION

1. NAME (Last, First, Middle)			2. SOCIAL SECURITY NUMBER	3. HOME TELEPHONE #
4. HOME ADDRESS (Number, Street or Rural Route)			5. DATE OF BIRTH	6. AGE LAST BIRTHDAY
7. CITY, TOWN OR POST OFFICE	STATE	ZIP	8. LOCAL UNION NUMBER	9. DATE STOPPED WORKING
10. MARITAL STATUS: (check one)	12. TYPE OF RETIREMENT: (check one)			
<input type="checkbox"/> SINGLE/WIDOWED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED	<input type="checkbox"/> NORMAL PENSION (age 65 or older, age 62 with 20 years of service credits or age 60 with 30 service credits) <input type="checkbox"/> EARLY RETIREMENT (age 55 or older, with 5 service credits) <input type="checkbox"/> UNREDUCED EARLY PENSION (age 55 with 25 service credits) <input type="checkbox"/> DISABILITY PENSION (any age, with 15 service credits and must provide copy of Social Security disability award letter)			
11. EFFECTIVE DATE OF PENSION (month/day/year)	14. RECIPROCAL CREDIT: (check one)			
13. EMPLOYER	<input type="checkbox"/> YES, I have service credit under another Laborers Pension Fund – Local # _____ <input type="checkbox"/> NO, I do not have service credit under another Laborers Pension Fund			

IF MARRIED:

WIFE'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

****SUPPLY A COPY OF YOUR WIFE'S BIRTH CERTIFICATE AND YOUR MARRIAGE LICENSE****

IF SINGLE:

Please complete "Not Married Certification".

If you are divorced, you must supply a copy of your divorce decree and property settlement agreement.

I hereby certify that the information supplied in this Application is accurate and complete to the best of my knowledge. I understand that I will be provided additional forms with the pension payment options available to me, after submitting all required paperwork.

Applicant's Signature

Date

Signature of Witness

Date

***** PLEASE DO NOT WRITE BELOW THIS LINE *****

Approved by Trustees (date of meeting): _____	Type of Pension:	_____ Single Life _____ Joint & 50% Survivor Regular _____ Joint & 75% Survivor Regular _____ Joint & 50% Survivor Pop-Up _____ Joint & 75% Survivor Pop-Up _____ Ten Year Certain & Life
Effective Date: _____		
Amount: _____		