1. Read each question carefully and answer all applicable questions.

2. Print all information.

3. BE SURE TO DATE AND SIGN THE APPLICATION.

4. BE SURE TO SIGN THE DISABILITY RETIPREMENT DECLARATION.

5. Mail your completed application and all required documents to:

   Intermountain Ironworkers Pension Plan
   Post Office Box 30580
   Salt Lake City, UT 84130

   Or Email to: Staff@iiwBenefits.org

When you submit your application, you will receive a letter acknowledging its receipt. If any additional information is required, you will be advised.

The following documents **must** be submitted with your application for benefits. You do not have to furnish the original of any of these documents; you may submit photocopies.

- Copy of your current driver's license or current state I.D. (with photo)

- If you are applying for a Social Security Disability Pension, a copy of your Social Security Disability Award Letter that includes your Social Security disability onset date.

- If you are applying for an Industry Disability Pension, documentation establishing that you are "Disabled" as defined for purposes of the Industry Disability Pension, which means that, as a result of bodily injury or disease, you are unable to engage in ironwork as described in the applicable collective bargaining agreement by reason of any medically determinable physical or mental impairment that can be expected to result in death or to be of continued and indefinite duration.

- You are also required to submit proof of age, such as your birth or baptismal certificate, hospital birth record, immigration or naturalization paperwork, or other governmental records showing your date of birth. If you do not have any of these types of documents, please contact us to discuss other acceptable types of proof of age.

Please read this application carefully before answering any questions. Please print or type your answers to all questions that may apply to you. If any questions on the application are unclear, please contact the Fund Office for assistance. After completing this application, be sure to sign your name and date the application and complete the Disability Pension Declaration.

1. Name: _____
Last First Middle

2. Address: _____
Number & Street City & State Zip Code

3. Telephone No.:_____ 4. Email: _____

5. Social Security No.: _____ 6. Date of Birth: _____

7. Last Date of Employment: _____ Disability Onset Date: _____

I am hereby applying for the following Disability Pension under the terms of the Intermountain Ironworkers Pension Plan

❒ **Social Security Disability Pension:** Must have (a) been determined to be "Disabled" by the federal Social Security Administration for purposes of Social Security Disability Benefits, (b) have earned at least 5 years of Vesting Service without a Permanent Break in Service (disregarding any Vesting Service earned due to Contiguous Non-Covered Employment), (c) have worked at least 500 hours in Covered Employment in the 24-consecutive-month period immediately preceding the month in which you became Disabled (Related Hours are also considered), and (d) have at least 5,000 total hours in Covered Employment (only those Plan Years with at least 500 hours in Covered Employment will be considered and Related Hours are not considered for this purpose). **Please submit a copy of your Social Security Award Letter.**

❒ **Industry Disability Pension:** Must (a) be "Disabled" as defined for purposes of the Industry Disability Pension (see the definition on page 1), (b) have earned at least 5 years of Vesting Service without a Permanent Break in Service (disregarding any Vesting Service earned due to Contiguous Non-Covered Employment), (c) have worked at least 500 hours in Covered Employment in the 24-consecutive-month period immediately preceding the month in which you became Disabled (Related Hours are not considered), and (d) have at least 5,000 total hours in Covered Employment (only those Plan Years with at least 500 hours in Covered Employment will be considered and Related Hours are not considered for this purpose). The Industry Disability Pension must be applied for withing two years of your disability onset date. **Please submit evidence that you are unable to work as an Ironworker due to bodily injury or disease, including the date that such Disability began.**

I hereby apply for Disability benefits from the Intermountain Ironworkers Pension Plan. The foregoing statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for benefits and that the Board of Trustees shall have the right to recover any payments made to me because of a false statement. I further understand that if a benefit is granted to me, I agree to be bound by all the rules and regulations of the Plan.

_____

Participant Name (Print)

_____

Participant Signature Date

DISABILITY PENSION DECLARATION

Upon commencing a Disability Pension from the Intermountain Ironworkers Pension Plan, you will be bound by the Rules and Regulations of the Plan with respect to Disability Pension as follows:

Disability Benefit Details

The Plan's **Social Security Disability Pension** provides eligible Disabled Participants with monthly benefit payments equal to their Regular Pension amount (calculated as described in Section VI of the Plan's SPD Booklet) until they reach Normal Retirement Age or when they lose their Social Security Disability award, if earlier. The Social Security Disability Pension is payable commencing as of the 6th month following the month that includes the Participant's disability onset date (as established in their Social Security disability award). At Normal Retirement Age, the Participant must apply for a Regular Pension, which will be paid in one of the Plan's available forms of benefit payment. If a Participant dies while receiving a Social Security Disability Pension, their surviving Spouse or Beneficiary, as applicable will be eligible for pre-retirement death benefits.

The Plan's **Industry Disability Pension** provides eligible Disabled Participants with temporary monthly disability benefit payments. The monthly payment amount equals the Participant's Regular Pension amount (calculated as described in Section VI of the Plan's SPD Booklet) reduced as follows based on the Participant's age on the date that their Industry Disability Pension payments commence: 0.5% for each month the Participant is younger than age 65 (but not younger than age 55), 0.15% for each month the Participant is younger than age 55 (but not younger than age 45), and 0.075% for each month the Participant is younger than age 45. The Industry Disability Pension lasts for a maximum of 24 months, and is payable only once during a Participant's lifetime. The benefit commences as of the first month following the later of (a) the 5th month after the month the Participant's Disability began, or (b) the month after the Participant's application is approved for payment. If a Participant receiving Industry Disability Pension payments ceases to be Disabled, attains Normal Retirement Age, or commences an Early Retirement Pension, Service Pension, or Rule of 85 Pension prior to the end of the 24-month period, their Industry Disability Pension benefits will stop. If, while receiving Industry Disability Pension payments, a Participant is subsequently determined to be Disabled by the Social Security Administration with a Social Security Disability onset date prior to the end of their 24-month period of Industry Disability Pension payments, their Industry Disability Pension will convert to a Social Security Disability Pension. If a Participant dies while receiving an Industry Disability Pension, their surviving Spouse or Beneficiary, as applicable, will be eligible for pre-retirement death benefits.

Proof of Continued Disability or Entitlement

The Board of Trustees may, at any time, or from time to time, require evidence of continued Disability or entitlement. If, at any time prior to Normal Retirement Age, the Board determines that a Participant is no longer Disabled or entitled to a Social Security disability benefit, or if a Participant refuses to submit proof of continued Disability or entitlement to Social Security disability benefits when requested, the Board may discontinue their Disability Pension.

Effect of Recovery by a Disability Pensioner

A Disability Pensioner must notify the Plan in writing within 21 days of the date they:

(a) are no longer Disabled, or;

(b) lose entitlement to Social Security Disability Benefits, or;

(c) do not receive Social Security Disability benefits for any month during the re-entitlement period, or;

(d) return to work of a type that is or may be subject to suspension of benefits regardless of the number of hours.

Reemployment of a Disability Pensioner

A Disability Pensioner who is no longer Disabled or entitled to a Social Security disability benefit may again return to Covered Employment and resume the accrual of pension benefits under the Plan and be entitled to a Pension at early or Normal Retirement Age unaffected by the prior receipt of a Disability Pension.

Acknowledgment

I have read and understand the rules for Disability Pensions as stated above. I understand that I must furnish, at the request of the Board of Trustees, any information or proof reasonably required to determine my rights to benefits. If I willfully make a materially false statement, or I furnish fraudulent material, information, or proof to my claim, or I fail to provide the notification required, benefits under this Plan may be denied, suspended or discontinued. The Trustees have the right to recover any benefit payments made: 1) in reliance on any willfully made false or fraudulent statement, information or proof, or 2) prior to the receipt of any required notifications. Upon commencement of a Disability Pension from the Intermountain Ironworkers Pension Trust Fund, I understand and declare that I will be bound by the Rules and Regulations of the Plan.

_____

Participant Name (Print)

_____

Participant Signature Date