

OMAHA CONSTRUCTION INDUSTRY PENSION FUND

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OMAHA CONSTRUCTION INDUSTRY PENSION FUND Request for Pension Calculation

The Fund Office has received a request for your pension information. In order to accommodate your request, this form must be completed and returned to the Fund Office. This form will allow us to calculate all your pension options and does not put you in retirement status. **You may only retire on the first of a month.**

Please take note that once we receive this information, it will take two (2) weeks to thirty (30) days for you to receive the pertinent information. By law you are required to have your explanation of benefits at least 30, but no more than 180 days prior to your scheduled date of retirement. You cannot consent to a distribution from the Plan more than 180 days prior to your scheduled date of retirement.

Participant Information

Name: _____ Date of Birth: _____

Social Security Number: _____ Phone Number: _____

Address: _____

Requested Date of Retirement (must be a future date): _____

- Are you applying for a Disability Retirement Pension? _____ If yes, provide your Date of Disability with Social Security Administration: _____ (A copy of your Social Security Awards letter is required.)
- Have you been on worker's compensation for an employer covered under the collective bargaining agreement? _____ If yes, provide Date of Injury: _____
- Do you have any service with a related pension plan (in construction)? _____ If yes, provide the Local Number and the name of the related plan: _____

Marital Status: Single- Never Married Single – Previously Married
 Married – No Previous Marriages Married – Previously Married
 (provide a copy of your Marriage License, Divorce Decree and/or QDRO, if applicable).
 Widow/Widower – provide a copy of your spouse's death certificate.

Spouse Information

Name: _____ Date of Birth: _____

Social Security Number: _____ Date of Marriage: _____

Participant Signature: _____ Date: _____