

# OMAHA CONSTRUCTION INDUSTRY PENSION FUND

P.O. Box 30750 • Salt Lake City, UT 84130 • Phone 402-951-7900 • Toll Free 855-624-7586 • Fax 402.802.9179

## 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: \_\_\_\_\_