



Western UNITE HERE and Employers Pension Fund

Sacramento and Tribal Gaming Plan Unit

Please review this entire application carefully and follow all instructions. Make sure your answers are complete and legible. Mail the completed application, along with all other required documents to the Fund Office.

Please submit the following documents with your application for benefits:

- Birth Certificate for you and your spouse (see below for alternative documents).
- Marriage License.
- If widowed, a copy of the Death Certificate for any and all previous spouses.
- 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 Agreements, 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.

List of Acceptable Proofs of Age

In order to be eligible for retirement benefits, you are required to provide proof of your age. The following is a list of the documents that may serve as proof of your age. 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 showing date of birth or age.
10. Passport.
11. School records, 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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PENSION APPLICATION

PARTICIPANT INFORMATION

Name: _____ Social Security Number: _____

Date of Birth: _____ Email Address: _____

Address: _____

Home Phone: _____ Alternate Phone: _____

I hereby apply for:

Normal Pension (please refer to the Plan Document for details)

You are eligible to retire with a Normal Retirement Benefit upon reaching age 65 and the earliest of the following has occurred.

- ❖ You worked one or more hours in Covered Employment on or after June 1 1999, and you have been credited with at least 5 years of Vested Pension Credit in the Plan, of which at least 2 years must be Future Service Credit; or
- ❖ The 10th anniversary of the year in which your participation in the Plan commenced; or
- ❖ The later of age 65 and the fifth anniversary of your participation in the Plan after June 1, 1988, without a permanent break in service;

Early Retirement Pension (please refer to the Plan Document for details)

You are eligible to receive an Early Retirement Pension if all of the following conditions apply to you:

- ❖ You have terminated your covered Employment;
- ❖ You have attained at least age 62; and
- ❖ You have earned at least 10 years of Vested Pension Credit, without a permanent break in service, of which 2 years must be Future Credit Service.

Late Retirement Pension (please refer to the Plan Document for details)

- ❖ You are a Vested Employee.
- ❖ Retire beyond your Normal Retirement Date.

Pro Rata Pension (please refer to the Plan Document for details)

You are eligible to receive a Pro Rata Pension if all the following criteria apply:

- ❖ You are eligible for a Normal or Early Pension under this Plan where your combined Pension Credits are treated as Sacramento Pension Credit.
- ❖ You have, after the earliest retirement date for the accumulation of Future Service Credits under this Plan, at least two years of:
 - Sacramento Pension Credit, or
 - Related Pension Credit, or
 - Combined Pension Credit

Date you plan to retire: _____

My last day of employment was/will be: _____

Your date of retirement will be no sooner than the first of the month after your application has been received in the Fund Office.

Signature: _____ Date: _____



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CERTIFICATION OF MARITAL STATUS - PAGE 1

Federal Law requires the Trustees to confirm whether a previous spouse is entitled to any portion of your pension benefits. As such, it is necessary that we request the following certification and supporting documentation. **Failure to complete this form fully, including signing it in front of a notary public, and providing ALL documentation requested, will result in a delay of the processing of your application.**

Participant Name: _____

Marital Status: Married Single (Never Married) Divorced
 Widow Other (Please Specify): _____

CURRENT SPOUSE INFORMATION

Name: _____ SSN: _____

Date of Birth: _____ Date of Marriage: _____

If you have 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 Agreements, and any similar or related orders with any attachments). All divorce documents are reviewed by the Plan’s legal counsel.

PRIOR SPOUSE INFORMATION

Name: (if none, please indicate): _____

Date of Marriage: _____ Date of Separation: _____

Marriage terminated due to: _____
(Death, divorce, dissolution, other (please specify))

Complete Address (if living): _____

If you have had more than one divorce, please attach a separate sheet of paper providing the requested information.



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CERTIFICATION OF MARITAL STATUS - PAGE 2

I hereby certify that all of the information provided on page one of this form is complete and accurate.

Participant Name: _____ SSN: _____

Participant Signature: _____ Date: _____

TO BE COMPLETED BY NOTARY

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

(Notary Seal)

My Commission expires: _____



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EMPLOYMENT HISTORY

List below any jobs held from June 1, 1963, through the present when you were working under the jurisdiction of the UNITE HERE Locals 49, 683, 393, 561, and 600 collective bargaining agreements in Sacramento, California and surrounding areas.

Name of Firm	Address	Dates of Employment	

If you need additional space, please attach a separate paper providing the information listed above.

Have you ever been or are you presently a Corporate Officer or Owner for a Contributing Employer?
(If you answer "YES", state):

From: _____ To: _____

Employer(s): _____

Title(s): _____

UNION MEMBERSHIP

Complete your union membership history for the Sacramento Independent Hotel, Restaurant, and Tavern Employees Trust.

1. Indicate Local Number(s): _____

2. From: _____ To: _____

Have you worked under contracts with other Hotel & Restaurant Local unions before or after you worked under this Fund?

Yes If yes, Indicate where you worked and give dates. No

City	Local Union #	Employer(s)	Starting Date	Ending Date

If you need additional space, please attach a separate paper providing the information listed above.



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MILITARY SERVICE (If applicable)

1. Did you serve in the uniformed services?

Yes No

2. If "Yes," fill in the dates:

Date Entered: _____ Date Discharged: _____

Please attach a copy of your military discharge papers.

3. Did you notify the Fund Office, your employer, or the union of your activation for service with the uniformed services?

Yes No

4. Were you granted an Honorable Discharge?

Yes No

5. Did you report to your employer or the union of your availability for covered employment within 90 days after your release from the uniformed services?

Yes No

CERTIFICATION

I hereby certify that all of the information furnished by me on this application form is, to the best of my belief and knowledge, true and complete. I understand that this completed application form will be attached to and become part of my application for benefits and that when I submit such application, I must also submit acceptable proof of my age and, if I am married at that time, proof of my spouse's age and a copy of our marriage license. I understand that if I have ever been divorced and/or widowed, I must also provide the Fund Office with a complete copy of all of my Judgments of Divorce and/or Qualified Domestic Relations Orders (including Separation Agreements, Property Settlement Agreements and any similar or related orders with any attachments) and/or the death certificate(s) of my late spouse(s) or ex-spouse(s). I understand that a false statement may disqualify me for pension benefits and that the Board of Trustees shall have the right to recover, offset or recoup any payments made to me because of false statement. I understand that this is only an application and that I must meet all the conditions set forth in the Plan, as determined by the Fund Office and the Board of Trustees, to be entitled to receive a benefit, including ceasing work for my employer.

Signature: _____ Date: _____