

APPLICATION FOR DISABILITY RETIREMENT BENEFITS

I hereby apply, under the Plan of the SHEET METAL WORKERS' LOCAL NO. 33 CLEVELAND DISTRICT PENSION FUND, for the following benefit:

- ☐ INDUSTRY-RELATED DISABILITY (Early Retirement Benefit Amount payable)
- ☐ TOTAL AND PERMANENT DISABILITY (Social Security Disability Award required; full benefit amount payable for lifetime.)

Date of Injury: _____

Date Last Worked: _____

Disability Retirement Benefits shall commence on the first day of the month following receipt of the application provided the application for such benefits has been approved by the Board of Trustees.

Have you applied for Social Security Disability Benefits: YES ____ NO ____

If yes, have you been approved? YES ____ NO ____ PENDING ____
(If yes, please attach a copy of your Award Certificate)

I hereby submit the following personal information about me and my spouse: (Please type or print):

Participant Information:

Name _____

Social Security Number _____ Date of Birth _____

Address _____

Home Phone Number _____ Alternate Phone Number _____

Spouse Information:

Name _____

Social Security Number _____ Date of Birth _____

Date of Marriage: _____

Physician Information:

Name of Physician _____

Address _____ Phone _____

PLEASE READ AND SIGN THE CERTIFICATION ON THE BACK OF THIS FORM
-over-

CERTIFICATION

I hereby apply for a Disability Retirement Benefit and, by my signature below, authorize any Physician or Medical Institution that has attended or examined me to disclose to the Pension Fund Trustees any information or knowledge relating to my Disability, and further understand that I may be required to submit to medical examinations as directed by the Pension Fund Trustees.

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 certificate. 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 also agree that Pension payments are to be governed in all respects by the provisions of the Plan, or as same may hereafter be amended, and that the issuance of any Pension payment and its' acceptance by me shall not prevent the Fund from recovering, or otherwise affect its' right to recover, any payments issued to me in excess of the amount to which I am entitled under the provisions of the Plan, nor shall the issuance of any Pension payments to me obligate the Fund in any way to make any further payments in any amount whatsoever except as the same may be provided by the Plan as it may be amended from time to time.

Your Signature _____ **Date** _____

RETURN WITH:

- ☐ Physician's Medical Report
- ☐ Social Security Award Letter (if applicable)
- ☐ Certification of Marital/Single Status Form
- ☐ Withholding Certificate for Pension/Annuity Payments (IRS Form W-4P)
- ☐ Direct Deposit Agreement (Optional)
- ☐ Copy of your birth certificate
- ☐ Copy of your spouse's birth certificate, if applicable
- ☐ Copy of your marriage license
- ☐ Copy of any and all previous divorce decrees, Qualified Domestic Relations Orders, Separation Agreements, death certificates for previous spouse(s), etc

Please review the forms you are submitting to make sure that you have completed all blanks, signed where necessary, including the signature of a notary public where applicable, and answered the questions accurately and completely.