



Western UNITE HERE and Employers Pension Fund

Formerly Known as San Diego UNITE HERE Pension Fund

I am considering retirement and would like to request the following information regarding my pension (check one):

☐ Application for Retirement

☐ Benefit Estimate

☐ Pension estimate at Normal Retirement Age

☐ Pension estimate at
Early Retirement
Age Specify ages. _____

☐ Pension estimate for Disability Retirement
Specify effective date of disability. _____

☐ Pre-Retirement Benefit Package
Includes pension benefit estimate, retiree health & welfare cost, and application.

Please supply the following information with this request.

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NUMBER
ADDRESS		GENDER	DATE OF BIRTH
CITY/ STATE/ZIP		TELEPHONE NUMBER	
CLASSIFICATION		SPOUSE DATE OF BIRTH	
ESTIMATED RETIREMENT DATE		DISABILITY RETIREMETN DATE (IF APPLICABLE)	

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