

**PLUMBERS LOCAL NO. 98
DEFINED BENEFIT PENSION FUND**

APPLICATION FOR RETIREMENT – DISABILITY

(Please print or type)

To: Pension Fund Trustees

Full Name: _____ Soc. Sec. No. _____

Address: _____
(No. & Street) (City & State) (Zip Code)

Retirement Address: _____
No. & Street (City & State) (Zip Code)

Send Check To: _____
(Name & Address of Bank if Direct Deposit)

Local Union No. _____ Date of Birth: _____

Date Last Worked: _____ Retirement Date Requested: _____

Date Disability Incurred: _____

Nature and Cause of Disability: _____

Physicians/Hospitals That Have Treatment Your Disability:

| NAME | ADDRESS | DATE OF LAST TREATMENT |
|-------|---------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Spouse's Full Name: _____ Soc. Sec. No. _____

Spouse's Date of Birth: _____ Date of Marriage: _____

If single, Participant/Applicant please indicate the marital status that applies:

Single – Never Married Single – Spouse Deceased Single – Divorced

(A certified copy of your spouse's Death Certificate must be filed with your application for benefits or a copy of your Judgment of Divorce(s) must be filed with your application for benefits. NO ACTION CAN BE TAKEN ON YOUR APPLICATION FOR BENEFITS UNTIL THIS DOCUMENTATION HAS BEEN FILED IN THE FUND OFFICE.)

Dependent Children (Under 19 Years of Age)

| Name | Date of Birth | Soc. Sec. No. |
|-------|---------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

The employee, by his/her signature, hereto warrants that, to the best of his/her knowledge and belief, the information on this application is correct.

Date: _____ Employee Signature: _____

NOTE: Proof of Date of Birth *must* be attached to this application.