



February 2020

NOTICE REGARDING RETIREMENT PROCESS
Western States Insulators and Allied Workers' Pension Plan

The purpose of this Notice is to provide a summary of the retirement process and requirements under the Western States Insulators and Allied Workers' Pension Plan ("Plan").

If you are eligible to retire, benefits will start the first day of the month following the month in which you have met ALL of the following requirements:

1. You complete and submit an application for retirement; AND
2. You cease work in the Industry for a period of at least 3 consecutive calendar months.

If you intend to retire, it is important you submit your completed application to the Administrative Office as soon as possible.

You must not work for three months before you may begin receiving benefit payments. If you submit your application to the Fund Office as soon as your stop working, you will receive a retroactive payment for the three months that you stopped working in the Industry. If you stop working, wait three (3) or more months to file your application, your benefits will start on the first day of the month after all your paper work is received. There is no retroactive payment.

Please remember, you will be required to provide the following documents with your application: birth certificates for yourself and spouse, if any, marriage certificate, and dissolution documents for any prior marriages. Compiling these documents can take time, so plan ahead.

Example 1:

Bob is 62 years old and plans to retire. On January 19, 2019, Bob turns in an application to the Administrative Office. Bob's last day of work is January 31, 2019. Bob receives his first pension check on May 1, 2019, which will include retroactive payments for the months of February, March, and April 2019. Because Bob turned in his application around the same time that he stopped working, he will receive retroactive payments.

Example 2:

Same facts as above, except here Bob turns in an application on April 30, 2019. Bob will receive his first pension check on May 1, 2019, but he will not receive any retroactive payments. That's because Bob turned in his application after he stopped working.

Please note, this Notice assumes a participant is eligible for retirement and has met all the necessary vesting and retirement requirements under the Plan Document.

If you have any questions regarding the retirement process or would like to request an application for retirement, please contact the Administrative Office at the address below.



Western States Insulators and Allied Workers' Pension Plan
Western States Insulators and Allied Workers' Individual Account Plan
Western States Insulators and Allied Workers' Health Plan

Pension Application

Per your request, we have enclosed the information necessary to begin the application process for pension benefits from the Western States Insulators and Allied Workers Pension Plan.

To avoid delays in processing and payment of your benefits, please follow the instructions as carefully and completely as possible. Please submit your completed application with all supporting documents **12 weeks prior** to your anticipated retirement date.

IMPORTANT: Proofs of your age, spouse's age, marriage, and disability (if applicable) are required by Federal Law and/or Plan Rules. If you have ever been divorced, you must submit a copy of your Final Judgement(s) of Dissolution of Marriage along with property settlement agreement(s) or Qualified Domestic Relations Order(s). **Attach them to this application.** You may submit your application before providing these required documents however, benefits cannot be issued until these required documents are received and processed.

Upon receipt of your completed and signed application, it will be reviewed by the Trust Fund Office. You will receive a written acknowledgement advising you if any additional information is required.

When your application has been approved, you will receive a packet of information about the choices you have in receiving payment of your pension benefits.

Commencement of Pension Benefit Payment: Pension benefits shall commence once you have retired from employment for a period of at least three (3) consecutive calendar months. Payment is retroactive to the first of the month in which you retired. (Article 3, Section 3.8(a)) For example, if you retire effective June 1st, then after the three-month period, on September 1st you will be issued payment retroactive from June 1st. **Please refer to page one of this application "Notice Regarding Retirement Process". Examples are provided in the Notice.**

If you have any questions, please contact the Trust Fund Office at the number listed below.

Sincerely,

Pension Department



INSTRUCTIONS FOR COMPLETING THIS PENSION APPLICATION

1. Please read each question carefully.
2. PRINT all information. This will avoid delay in having your application processed. It is important that you be as accurate as possible in your replies. Incorrect or incomplete information will delay payment of your pension benefit.
3. BE SURE TO SIGN AND DATE YOUR APPLICATION.
4. Mail the completed application to the Fund Office *before* the month in which you wish your pension to become effective.

Please submit copies of the following documents with your application for benefits:

- Birth Certificate for you and your spouse*
- Marriage License
- Copy of current driver's license or current state I.D. (with photo) for you and your spouse
- If you have ever been divorced, please submit a complete copy of your divorce decree(s), Qualified Domestic Relations Orders, Separation Agreements, etc.

Please note: The final processing of any applications cannot be completed until ALL divorce documents are reviewed and approved by the Plan's attorney.

* If a birth certificate is not available, **TWO** of the following items may be submitted instead:

- ✓ Passport
- ✓ Baptismal Certificate
- ✓ Certificate of Armed Service record
- ✓ School records
- ✓ Life insurance policy at least five years old

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.

CHECKLIST OF ITEMS TO SUBMIT WITH YOUR BENEFIT APPLICATION

Please utilize the checklist below to ensure that you have completed your application fully. This will expedite the application process. Missing documents and incomplete application forms will delay the processing of your application. **Items that are in bold MUST be signed in front of a Notary Public (date of both signatures must match).**

- Application Form
- Certification of Marital/Single Status**
- Copy of your birth certificate
- Copy of your spouse's birth certificate
- Copy of your marriage license
- Copy of your photo ID
- Copy of your spouse's photo ID
- Copy of any and all previous divorce decrees, Qualified Domestic Relations Orders, Separation Agreements, etc.
- Copy of your Social Security Disability Award letter (this is required if applying for Disability Pension)



Participant Information

Name _____

Social Security Number _____ Date of Birth _____

Address _____

Home Phone Number _____ Cell Phone Number _____

Email address _____

Retirement Type

Please check the appropriate box for the Type of Retirement for which you are applying. If it is determined that you qualify for a different type of retirement, which will provide you with a greater benefit, you will be informed. Please see the Summary Plan Description for a **summary** of each Retirement Benefit.

Please check only one:

Unreduced Pension

- Attained Normal Retirement Age of 62, provided that you have at least 1 hour of Credited Contributory Vesting Service after December 31, 1997 and at least 5 years of Total Credited Vesting Service without a permanent break in service, or
- At any age if you have at least 30 years of Total Credited Benefit Service.

Early Pension

- Attained age 55 with 10 years of Total Credited Vesting Service.
- If retiring directly from service, you have at least 350 hours of service during the Plan Year in which you retire or in the prior Plan year.

Postponed Pension

- Retiring after Normal Retirement Age

Disability Benefits

- Worked at least 350 hours of service during the Plan year in which your disability occurred or within the prior Plan year.
- You have been totally and permanently disabled for more than 6 consecutive months. You must submit in evidence of disability to the Board of Trustees. (a copy of your Disability Benefits Notice of Award from the Social Security Administration.)
- Must apply for Social Security and/or Workers Compensation (if applicable)
- On or after January 1, 2000, you have at least 10 years of Total Credited Benefit Service, but you failed to satisfy the 350 hours of service requirement in (1) above because you attempted to continue working for a signatory employer, you may still qualify for Disability Benefits if you meet the following criteria:



Western States Insulators and Allied Workers' Pension Plan
Western States Insulators and Allied Workers' Individual Account Plan
Western States Insulators and Allied Workers' Health Plan

- a. You must be totally and permanently disabled (as described in (2) above) due to an illness or injury that occurred while you were working within the geographic area covered by the Plan under a collective bargaining agreement negotiated by a union or unions affiliated within the Western States Conference of Insulator and Allied Workers; and
- b. You must have worked at least 350 hours of service under the collective bargaining agreement mentioned in (a) above during the Plan Year or prior Plan Year in which your illness or injury occurred, and
- c. In each Plan Year between your initial injury or illness and your resulting total and permanent disability, you must have been employed (in a bargaining or non-bargaining position) for at least 350 hours for a signatory employer with a collective bargaining agreement negotiated by a union affiliated with the Western States Conference of Insulators and Allied Workers and you must not have accepted any other employment of any kind.

There are two types of Disability Benefits (**Plan "A" and Plan "B"**)

Plan "A" Disability Benefit Additional Eligibility Requirements:

- Attained age 50 and have at least 10 years of Total Credited Vesting Service
- Regardless of age, you have at least 20 years of Total Credited Benefit Service.

Please note, you may have the option of changing your disability benefit to a Joint and 50% Survivor Annuity, Joint and 75% Survivor Annuity or a Joint and 100% Survivor Annuity. If you choose to change your benefit per Article IV, Section 4.1(b)(iii), the election must be made within ninety (90) days after notice of award of disability benefit, or within ninety (90) days preceding your 62nd birthday and must be signed by you and your spouse (**whom you have been married throughout the year preceding the date of the election**) in the presence of a notary public. If you chose to keep the single life annuity option and not convert your benefit to a survivor annuity option, then you will also have to obtain spousal consent if married

Plan "B" Disability Benefit Additional Eligibility Requirements:

- If you have 5 or more years of Total Credited Vesting Service and one (1) or more years of Credited Contributory Benefit Service since January 1, 1968 (or since January 1 of the year the Participant returned after a Plan year on which he/she did not work 350 Plan Year Vesting Hours).



Termination of Employment and Retirement

Please provide the following information regarding your final employment and retirement selection. Generally, the effective date of your retirement will be the first day of the month following the last day you worked, provided all eligibility requirements have been met and your timely application has been received at the Trust Fund Office.

Are you still working? Yes No

If YES, when do you anticipate will be your last day of work? _____

If NO, when was your last day of work? _____

Please provide the name of the employer you were working for when you were last employed or your current employer on your last day of work:

Employer: _____

Date you plan to retire: _____

Commencement of Pension Benefit Payment: Pension benefits shall commence once you have retired from employment for a period of at least three (3) consecutive calendar months. Payment is retroactive to the first of the month in which you retired. (Article 3, Section 3.8(a)) For example, if you retire effective June 1st, then after the three-month period, on September 1st you will be issued payment retroactive from June 1st. **Please refer to page one of this application "Notice Regarding Retirement Process". Examples are provided in the Notice.**



Certification of Marital Status

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: _____ SSN: _____

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

CURRENT SPOUSE INFORMATION

Name: _____ Social Security Number: _____
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.



Western States Insulators and Allied Workers' Pension Plan
Western States Insulators and Allied Workers' Individual Account Plan
Western States Insulators and Allied Workers' Health Plan

Page 2

Certification of Marital Status

I HEREBY CERTIFY THAT ALL OF THE INFORMATION PROVIDED ON PAGE ONE OF THIS FORM IS COMPLETE AND ACCURATE.

Name: _____ Social Security Number: _____

Signature: _____ Date: _____
(Must Be Notarized)

TO BE COMPLETED BY NOTARY PUBLIC

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

My Commission expires: _____



Western States Insulators and Allied Workers' Pension Plan
Western States Insulators and Allied Workers' Individual Account Plan
Western States Insulators and Allied Workers' Health Plan

Past Service Employment

List below **all** employment before your Contribution Date when you were working for an employer who subsequently became a contributing employer to this Western States Insulators and Allied Workers Pension Plan, or when employed on work of the type or kind covered by labor agreements of Western States Asbestos Workers in effect on 01/01/1960. This information is important to determine whether or not you are entitled to Credited Service under the terms of the Pension Plan for any period prior to your initial contribution date.

Start Date	Stop Date	Employer Name and Address	Type of Work	Union

Related Employment

List below any period that you worked in the industry in the geographic jurisdiction of Western States Asbestos Workers in a position which did not require contributions to this Plan (such as an Owner or Supervisor.)

Special rules may apply that count toward vesting credit or may help in avoiding a break in service. Please list this service below:

Start Date	Stop Date	Employer Name and Address	Position

Reciprocal Employment

Reciprocal Service credit(s) from Related Pension Plans, or work in other Western States Asbestos Workers jurisdictions, may count toward vesting service or may help avoid a break in service from this plan. If you worked in a jurisdiction that has a reciprocity agreement with this pension plan, please list your service below:

Start Date	Stop Date	Employer And Address	Type Of Work	Union Local



Western States Insulators and Allied Workers' Pension Plan
Western States Insulators and Allied Workers' Individual Account Plan
Western States Insulators and Allied Workers' Health Plan

Non-Industry Employment

So that your work history record is complete, were there any periods when you worked for an employer not covered under this plan? YES NO

If YES, please list below:

Start Date	Stop Date	Employer And Address

I have completed this Pension Application and, to the best of my ability, complied with the Plan's requests and requirements. I agree to be bound by all Plan Rules and Regulations. I understand that I must notify the Trust Fund Office of any change in my address, marital, or employment status. I understand that a false statement may disqualify me for pension benefits and that the Board of Trustees shall have the right to recover any payments made to me because of a false statement.

Signature

Date

Social Security Number



Western States Insulators and Allied Workers' Pension Plan
Western States Insulators and Allied Workers' Individual Account Plan
Western States Insulators and Allied Workers' Health Plan

Designation of Beneficiary Form

Participant Name: _____ **SSN:** _____

The beneficiary named is designated as the person to receive all sums payable under the terms of the Western States Insulators and Allied Workers' Pension Plan as a result of my death.

Married Participants

Please Note: If you are married and you have designated someone other than your spouse, the spousal consent portion on this form must be completed and notarized before the designation will be accepted by the Trustees. Any designation of your spouse as beneficiary is automatically revoked upon a subsequent entry of a final decree of dissolution of marriage, unless a Qualified Domestic Relations Order provides otherwise.

Beneficiary		
Last Name:	First Name:	SSN:
Address:	Relationship:	Date of Birth:
City	State:	Zip Code:
(The beneficiary designation shall take effect only when received by the Plan's Administrative Office.)		

Contingent Beneficiary(s)			
<i>(If at the time of your death, your beneficiary listed above is not living)</i>			
Last Name:	First Name:	SSN:	
Address:	Relationship:	Date of Birth:	
City:	State:	Zip Code:	% Of Benefit:
Last Name:	First Name:	SSN:	
Address:	Relationship:	Date of Birth:	
City	State:	Zip Code:	% Of Benefit:



Western States Insulators and Allied Workers' Pension Plan
Western States Insulators and Allied Workers' Individual Account Plan
Western States Insulators and Allied Workers' Health Plan

Spousal consent of alternate beneficiary designation as noted above

I hereby consent to my spouse's designation of the above beneficiary for death benefits payable through the Western States Insulators and Allied Workers' Pension Plan. I fully understand that by signing below, I will not be eligible for the receipt of the benefits payable on behalf of my spouse in the event of his or her death.

Spouse Name _____ SSN _____

Spouse Signature _____ Date _____

THIS SECTION TO BE COMPLETED BY NOTARY PUBLIC:

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, _____, personally
DATE NAME, TITLE OFFICER – E.G., "JANE DOE, Notary Public"

appeared _____ who
proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribe to the within instrument
and acknowledge to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that 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 _____ that the foregoing
paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary

My Commission expires: _____