



Western UNITE HERE and Employers Pension Fund

Formerly Known as San Francisco Culinary Bartenders & Service Employees Pension Fund

1182 Market Street, Suite 320 • San Francisco, CA 94102-4919 Telephone: (844) 492-9157 • Fax: (925) 462-0108

PENSION APPLICATION

INSTRUCTIONS

1. Please apply at least one month prior to retirement
2. Print all information.
3. Answer all applicable questions as this will avoid delay in having your application processed.
4. Be sure to sign and date the application.
5. Deliver the application and any attachments to the administration office or mail to the address below: P.O. Box 2030, San Ramon, CA 94583

PERSONAL DATA

1. Name _____
(LAST) (FIRST) (MIDDLE)
2. Address _____
(NUMBER AND STREET) (CITY) (STATE) (ZIP CODE)
3. Social Security Number _____
4. Telephone Number _____
5. Date of Birth _____
(ATTACH PROOF)
6. Gender: ☐ Male ☐ Female
7. Marital Status ☐ Never Married ☐ Married ☐ Divorced & Remarried ☐ Separated ☐
☐ Divorced ☐ Widowed ☐ Widowed & Remarried ☐
8. E-mail (optional) _____
9. If Legally Married, Spouse's Name: _____
(ATTACH COPY OF MARRIAGE LICENSE/CERTIFICATE)
Spouse's Social Security Number _____ Spouse's Date of Birth _____
(ATTACH PROOF)
10. Date you first worked within the jurisdiction of Local 2 (or one of its predecessor Local Unions), Local 2850 or Local 14: _____
11. Date you last worked within the jurisdiction of Local 2, Local 2850 or Local 14: _____
12. Date you retired or plan to retire _____
13. Is this the first time you have submitted a Pension Application to this Pension Fund? ☐ Yes ☐ No
If "No", please explain _____
14. List any other name or Social Security Number used during your employment in this industry and the periods of time they were used. _____

TYPE OF PENSION

15. If eligible, I wish to apply for the following type of retirement (check one):

- ☐ Normal (age 65 or older) ☐ Early (age 62 to 65)
- ☐ Disability (age 55 to 65) *Note: If you have been awarded Social Security Disability benefits, attach a copy of your award letter from the Social Security Administration. If you are not eligible for Social Security Disability benefits, submit any evidence of proof you might have to establish your total disability (i.e., doctor or physician certifications or other medical reports or records).*

EMPLOYMENT HISTORY

16. List below any jobs held when you were working under the jurisdiction of UNITE HERE! Local 2, (or one of its predecessor Local Unions), UNITE HERE Local 2850 or the Service Employees Union Local 14 Collective Bargaining Agreements. If you are unable to provide exact dates, please list approximate dates of employment.

NAME OF EMPLOYER	ADDRESS	DATES OF EMPLOYMENT		JOB CLASSIFICATION
		FROM MONTH/YEAR	TO MONTH/YEAR	

(If you need more space, attach additional sheets)

Work in other Plan Unit Areas

To assist us in determining if you have any benefits in another plan that merged into the Western UNITE HERE and Employers Pension Fund, please let us know if you ever worked in a union covered position for an employer in the gaming, hotel, restaurant, or food service industry in any of the following areas:

___ Greater Las Vegas Area

___ Sacramento

___ San Diego

___ Northwest (Washington/Oregon)

If available, please provide the employer name(s), location(s) and years you worked in the above areas:

UNION MEMBERSHIP HISTORY

17. List below your Union membership history:

LOCAL NO.	FROM		TO		LOCAL NO.	FROM		TO	
	MONTH	YEAR	MONTH	YEAR		MONTH	YEAR	MONTH	YEAR

(If you need more space, attach additional sheets)

BREAK IN SERVICE

If you have had breaks in service that might prevent you from earning a pension (or which might reduce your pension), you might still be entitled to a pension (or greater benefits) if the reason you incurred the break in service qualified as a "grace period" to the break in service rule. The Pension Plan excuses certain short breaks in service if your absence resulted from total disability (absence for 2 or 3 years, depending on the years of absence), certain military service, certain involuntary unemployment (36 months after January 1, 1965 or 12 months prior to that time), certain FMLA or other leave (including, but not limited to pregnancy, care of newborn child or immediate family member with serious health condition or your own medical leave. The Pension Plan will determine whether such breaks in service can be excused based on your individual circumstances.

18. List below any time you did not work because of:

- A. Total Disability from _____ to _____
- B. Military Service from _____ to _____
- C. Involuntary Unemployment from _____ to _____
- D. Maternity/Paternity
(and care of newborn) from _____ to _____
- E. Adoption of a Child
(and care for such child) from _____ to _____
- F. Employer Approved Absence from _____ to _____

19. List below any time when you worked at the trade as an:

- A. Owner or Partner: from _____ to _____
where: _____
from _____ to _____
where: _____
- B. If you were an owner, in which capacity?
Corporate Shareholder _____ Sole Proprietor _____ Partner _____

DIVORCE/QUALIFIED DOMESTIC RELATIONS ORDERS

20. Have you ever been divorced or currently involved in pending divorce, dissolution, or legal separation proceedings?

YES _____ NO _____

If "yes", please attach a copy of any domestic relations order(s) or qualified domestic relations order(s) related to such divorce or pending proceedings to your applications.

21. Please specify whether: (1) your pension benefits under this Plan have been assigned to a spouse, child or other person under any court order relating to a divorce or the dissolution of previous marriage, a legal separation or child support payments; or, (2) if any divorce, dissolution or legal separation proceedings are currently pending before any court of law.

YES _____ NO _____

If "yes", please attach a copy of any domestic relations order(s) or qualified domestic relations order(s) related to such assignment or pending proceedings to your applications.

BENEFICIARY*

22. I hereby designate the following beneficiary to receive any payment under the Plan which may be due in the event of my death (i.e., benefit payments that were due to me prior to my death that were not paid), unless a different beneficiary is hereafter properly designated by me. **(If you are married, your spouse must consent to a beneficiary designation other than such spouse.)**

Beneficiary's Full Name _____ Relationship _____

Beneficiary's Address _____

Beneficiary's Social Security Number _____ Date of Birth _____

Note: With the limited exception of certain Area Six Participants the Plan does not provide for death benefits. Other than death benefits for certain Area Six Participants benefits that may be payable to your designated beneficiary are limited to any benefit payments that were due to you before your death and were not paid to you.

APPLICANT'S SIGNATURE

23. I certify under penalty of perjury that all of the above statements are true and correct. I understand that the Trustees shall have the right to recover any payments made to me in error because of a false statement.

Signature _____ Date Signed _____

(SEE PAGE 4 FOR REQUIRED APPLICATION ATTACHMENTS AND INFORMATION)

PLEASE NOTE - Along with your application you must submit:

- A. Proof your age (see below for acceptable documents)
- B. Proof of your legal spouse's age (if currently married)
- C. Proof of Marriage (if currently married)
- D. Proof of Medicare Benefits, if eligible (Medicare Card)
- E. Copy of final court-filed Divorce Decree(s) along with any Property Settlement(s) or other Court orders (for legal separations) for all prior marriages

Note: Legible copies of the above are acceptable; any original documents submitted will be returned with the acknowledgment of your application.

FOR YOUR INFORMATION

If you are legally married at the time you apply for Normal or Early Retirement benefits, you and your spouse will be advised of the benefits available under the Lifetime form of payment and the benefits available under the Joint and Survivor form of payment. This information will be provided to you after your application has been processed and the benefit amounts have been determined. Benefit payments will commence after you and your legal spouse have elected the form of payment in writing on a document provided by the administration office.

If you are legally married and still receiving Disability Retirement when you reach age 65, you and your spouse will be eligible for the Joint and Survivor form of payment. You will be contacted by the Trust Fund Office approximately six weeks prior to your 65th birthday and advised of the benefits available under the optional forms of payment at that time.

INSTRUCTIONS FOR SUBMITTING PROOFS OF AGE

The acceptable proofs of age are listed below in two groups. Submit a photocopy of one of the proofs listed in Group I if you have it or can possibly obtain it since this class of proof of age is the more convincing.

GROUP I

1. Birth Certificate
2. 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. Certification of record of age by the U.S. Census Bureau
5. Hospital birth record, certified by the custodian of such record
6. A foreign government record
7. A signed statement by the Physician or Midwife who was in attendance at birth as to the date of birth shown on their records
8. Naturalization record (Photocopy not permitted; submit original)
9. Immigration papers (Photocopy not permitted; submit original)

If you cannot submit a proof in the Group I listing, submit photocopies of two (2) of the proofs in Group II.

GROUP II

1. Military record
2. Passport (U.S. Passports may not be Photostatted; submit original)
3. School records, certified by the custodian of such record
4. Vaccination record, certified by the custodian of such record
5. An insurance policy which shows the age or date of birth
6. Marriage records showing date of birth or age (application for marriage license or church record, certified by the custodian of such record, or marriage certificate)
7. Other evidence such as notarized statements from persons who have knowledge of the date of birth
8. Letter from Social Security stating your date of birth as shown in their records
9. A valid driver's license or state identification card