

PENSION APPLICATION

INTERNATIONAL UNION, UNITED MINE WORKERS OF AMERICA

PENSION PLAN

PO BOX 1101

TROY, MI 48099

TELEPHONE: (410) 872-9500

INSTRUCTIONS:

Please read all questions carefully and print all answers. Be sure to sign and date the application. Mail the completed application and proof of age to the Attention of the Pension Department at the above address.

PERSONAL DATA:

1. Name _____
First Middle Last
2. Address _____
Street City State Zip Code
3. Social Security No. _____ District No. _____ International Union _____
4. Date of Birth _____ (attach proof of age – birth certificate or driver's license)
5. If Married, Spouse's Name _____
First Middle Last
6. Spouse's Social Security No. _____ Spouse's Date of Birth _____
(attach proof of age – birth certificate or driver's license)
7. Last date you worked or intend to work for International Union or a District _____
- 7a. Date you wish to retire _____



TYPE OF PENSION REQUESTED:

8. If eligible, I want to retire with (check one type of pension):

- ☐ **AGE 60 PENSION** Article III (Section 3.03 of the Plan)
- ☐ **EARLY RETIREMENT PENSION** (Article III Section 3.04 of the Plan) (For employees age 55 but before age 60.) Pension will be reduced actuarially if pension benefit commences before age 60. (For each month prior to Age 60 the pension will be reduced by .25 per month)
- ☐ **DISABILITY PENSION** (Article III Section 3.05 of the Plan) (For employees who become totally and permanently disabled while actively employed) and are awarded their Social Security Disability Insurance Benefit.
- ☐ **DEFERRED VESTED PENSION** (Article III Section 3.06 of the Plan) (For employees with 10 years of Pension Service prior to January 1, 1988 or 5 years of Service after January 1, 1988 upon attainment of age 55 or 60.) Pension will be reduced actuarially if pension commences before age 60. (For each month prior to age 60 the pension benefit will be reduced by .5833 per month)

DISABILITY PENSION:

9. If you are applying for a Disability Pension - complete the following questions and sign the Medical Release authorization below.

- (a) Date you first became disabled _____
- (b) Nature of your disability _____
- (c) Have you applied for a Social Security Disability Pension? _____ YES _____ NO
If yes, have you received a decision on your application yet? _____ YES _____ NO
If yes, has it been approved or rejected? _____ APPROVED _____ REJECTED

If it has been approved, submit together with this application the Social Security Notice of Award.

I, _____, hereby authorize the Trustees of the International Union, United Mine Workers of America Pension Fund, to examine my Social Security records and/or any other pertinent documents in regard to my earnings during any calendar year following the effective date of my Disability Pension.

DATE

SIGNATURE



EMPLOYMENT HISTORY

10. List each body of the UMWA (International, District 1 through 31) for whom you have worked:

District Number or International	Dates of Employment Give Month Day and Year		Annual Salary
	FROM	TO	

11. I hereby apply for a pension from the International Union, United Mine Workers of America Pension Fund and certify that the statements made in this application in Items 1 through 12 inclusive are true to the best of my knowledge and belief. I understand that a false statement shall be sufficient reason for the denial, suspension or discontinuance of benefits under the Pension Plan and that the Trustees shall have the right to recover any payments made to me in reliance upon such false statements.

DATE

SIGNATURE OF APPLICANT

INTERNATIONAL UNION CERTIFICATION

This is to certify that the information as to the age, employment record and salary as disclosed in the foregoing application for retirement and pension under the aforementioned Pension Plan is in accordance with the available International Union records, and to the best of my knowledge, information and belief correctly reflects the true age, salary and employment record of said applicant.

DATE

PENSION PLAN DIRECTOR

