trust fund office

local Union 831

employer health trust fund
employer pension plan

PENSION INFORMATION REQUEST FORM

(NOT AN APPLICATION FOR BENEFITS)

NAME:		MOST CURRENT EMPLOYER:
ADDRESS/STREET		DATE OF HIRE: DATE TERMED:
CITY: STATE: ZIP CODE:		LAST DAY WORKED: WILL BE: WAS: STILL WORKING:
PHONE NO: GENDER M: F:		
SOCIAL SECURITY NO:	DATE OF BIRTH	
MARRIED: NO: YES:	SPOUSE DATE OF BIRTH:	
DISABLED NO: YES:		HAVE YOU APPLIED FOR SOCIAL SECURITY DISABILITY BENEFITS: YES: NO: RECEIVING YES: NO:
PRESENT LOCAL UNION NO:		
OTHER LOCALS OF WHICH YOU HAVE BEEN A MEMBER:		

You can obtain a Work History Statement, Accrued Benefit Statement or an Estimate of Retirement Benefits. Carefully read the explanation of each statement available and place a check mark next to the Plan information in which you are interested.

_ __ **WORK HISTORY STATEMENT**

This statement will provide you with all existing information (verified or non-verified) in Plan records, including Vesting status, Benefit Service Credits and breakdown of all your covered hours by year. This statement will not show any benefit amounts. (THIS STATEMENT MAY BE REQUESTED SEPARATELY OR WITH AN ACCRUED BENEFIT STATEMENT OR ESTIMATE OF RETIREMENT BENEFITS.)

_ __ **ACCRUED BENEFIT STATEMENT**

If you are under the age 60, you may want to request an Accrued Benefit Statement rather than an Estimate of Retirement Benefits. This is a statement of your current status under the Plan. It will be based on existing information in Plan records, which could be inaccurate, incomplete and unverified. The statement will show how much you have earned in the Plan (your accrued retirement benefit) and will tell you whether or not you have a nonforteitable right to receive this benefit upon reaching **normal retirement age of 60** (i.e., whether or not you are vested). If you are not vested, you will be told when you become vested assuming you continue your covered employment.

_____ ESTIMATE OF RETIREMENT BENEFITS

If you are 50 or older, you may want to request an Estimate of Retirement Benefits. This will tell you approximately how much your actual retirement benefit will be on your specified retirement date with all payment options then available to you. To request an Early Retirement Estimate you must have met the requirements (Example: At 50 must have at least 20 Benefit Service Years).

Upon what retirement age or retirement date would you like this estimate based? _____

Please submit the following document s where applicable; they will be permanently retained in your Pension File.

A. Proof of Age (Participant and Spouse)
B. Copy of Marriage Certificate

Signature: _____ Date: _____

P.O. Box 3118 | Covina, California 91722-9118
Toll Free 1-877-572-7005 | Phone (626) 279-3080 | Fax (626) 279-3055

EARLY RETIREMENT EFFECTIVE DATE

Prior to July 1, 1989, an Employee who is a Participant hereunder shall be eligible for an Early Pension if his employment with all Affiliated Employers is terminated on or after the date he meets the following age and Service requirements, provided he is not to receive a Disability Pension hereunder:

Birthday Attained Prior To Date of Retirement	Completed Years of Benefit Service
50	15 or more
51	14 or more
52	13 or more
53	12 or more
54	11 or more

On or after July 1, 1989, an Employee who is a Participant hereunder shall be eligible for an Early Pension if his employment with all Affiliated Employers is terminated on or after the date he meets the following age and Service requriements, provided hi is not to rceive a Disability Pension herunder.

50	20 or more
51	19 or more
52	18 or more
53	17 or more
54	16 or more
55	15 or more
56	14 or more
57	13 or more
58	12 or more
59	11 or more

Payment or an Early Pension shall commence as of the Employee's Normal Retirement date if he is then living; however, an Employee who has met the age and service requirements set forth in the above schedule may request the commencement of his Early Pension as of the first day of the month next following his last day of such employment, or as of the first day of any subsequent month which precedes his Normal Retirement Date, but the amount thereof shall be subject to reduction as provided in Section 6.3. In no event will the Participant's pension commence prior to his attainment of age 62 without his consent.

An early retirement reduction applies because of the longer expected payment period. Your benefit will be reduced ½ of 1% for each month your benefit commencement date precedes your Normal Retirement Date. If you have earned at least 30 years of Benefit Service when you retire, and you are retiring after December 31, 1990, your benefit amount is not reduced because of early retirement.