Idaho Operating Engineers – Employers Pension Trust Fund

Physical Address 7525 SE 24th Street, Suite 200, Mercer Island, WA 98040 • Mailing Address PO Box 34203, Seattle, WA 98124 Phone (206) 441-7574 or (800) 351-6480 • Fax (206) 505-9727

> Administered by Welfare & Pension Administration Service, Inc.

APPLICATION FOR NORMAL OR EARLY RETIREMENT BENEFITS

- 1. Please read each question carefully.
- 2. Print or type all information.

(Age 62 or Older)

- 3. Be sure to answer all applicable questions to avoid delay in processing your application.
- 4. Attach additional sheets if you need more space to answer any questions.
- 5. BE SURE TO SIGN AND DATE THIS APPLICATION.

| 6. | Mail the completed application and proof of age and marriage, if applicable, to the above address. | | | | | | |
|-----|--|--|---|--|--|--|--|
| 1. | Name: | | P. | | NG18 | | |
| | Name:Last | | First | | Middle | | |
| 2. | Previous Name: (If any) | | | Date of Name Change: | | | |
| 3. | Social Security #: | Phone #: (| () | E-Mail Address | | | |
| 4. | Mailing Address:Street number | | | | 81 | | |
| | | | City | State | Zip | | |
| 5. | Local Union #: | Male Female | Birthdate: | | | | |
| 6. | Marital Status: Married | Separated | Divorced | Widowed | Single | | |
| 7. | and you are required to Qualified Domestic Relation If currently married, plea | solved after December 31, 198- attach a complete FILED copy ons Order(s). The copies must s se enter spouse's information | of your dissolution deshow the document was | ecree and property sett FILED with the court an | lement agreement and/or nd signed by the judge. | | |
| | L | ast | First | Ŋ | Middle | | |
| 8. | Spouse's Social Security #: | | Spouse's Birthdate: | | | | |
| mo | | pension beneficiary designat, if I am eligible, the burial be | | | on as my beneficiary for | | |
| 9. | Beneficiary Name: | | I | Birthdate: | | | |
| 10. | . Social Security #: | Sex: | Sex: Male | | | | |
| 11. | Beneficiary Address: | Street number | City | State | Zip | | |
| 12. | . In accordance with the te | rms of the Idaho Operating E | Engineers and Employe | ers Pension Trust Fund | I hereby apply for: | | |
| | Normal Retirement Bene | fit | Retirement Benefit |] | | | |

If you are applying for Disability Benefits you must use a Disability Retirement application form Page 1 of 3

(Age 55-62) (Benefits are reduced for Early Retirement under age 61)

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| 3. Name of Current or Most Recent Employer: | | | | | |
|--|-------------------------|---------------------|------|--|--|
| 4. The last day I worked was or will be on: | Month | Day | Year | | |
| 5. I hereby request that my retirement be effective | on the first day of | Month | Year | | |
| 6. If determined to be eligible, I am interested premium must be paid. YES NO | in enrolling in the Tr | | | | |
| PLEASE READ CAREFULLY | | | | | |
| I understand and agree that it is my responsibility to submit any and all information needed to establish my eligibility for retirement under this Trust and that this application can be canceled by written request submitted to the Trust Office prior to its Effective Date. I certify that the information on this form is true and accurate to the best of my knowledge. | | | | | |
| understand the conditions of my retirement are gov | verned by the Plan rule | es and regulations. | | | |
| I understand that in the case of an overpayment of my pension benefits, the Trustees are entitled to recover any amounts overpaid to me. | | | | | |
| If no information appears under the Spouse's Section above, I certify that I am not married. | | | | | |
| Applicant's Signature | | Date | 2 | | |

AGE VERIFICATION

IMPORTANT: A copy of your birth certificate and your spouse's birth certificates along with proof of your marriage is required to process your request.

If the name on either your birth certificate or your spouse's birth certificate is different from your present names, you must also submit a copy of the court order, marriage certificate, affidavit, or other document to show the name change(s).

If you are unable to obtain a copy of either your or your spouse's birth certificates, you must submit **TWO** of the following documents. These documents must show your birthdate.

Baptismal Certificate Showing Birthdate (regardless of when it was recorded)

Citizenship or Naturalization Papers

Records or information obtained from the U.S. Census Department

Life Insurance policies taken out at least 10 years prior to your date of retirement

Social Security Information including birthdate

U.S. Armed Forces Records

School Records established prior to your 21st birthday and showing birthdate

Passport

Drivers License with Photograph Marriage Records showing Birthdate

Family Bible Entries

Affidavit of Birth

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UNION MEMBERSHIP HISTORY

| Name: | Social Secu | Social Security # | | | |
|---|---------------------------------|------------------------|------------------|------------------|-------------------|
| Please list all Union Memb Date. Be sure to include time | bership beginning with your me | ost recent or current | t Local and wor | king backward to | o your Initiation |
| Have you ever worked in N | orthern Idaho (North of Grange | eville, Idaho) or East | ern Washington | ? | |
| YES NO If Yes, w | vhen | | | | |
| If you have worked within | n the jurisdiction of other Ope | erating Engineers L | ocals, please in | clude that infor | mation below: |
| Please print or type the follo | owing information: | | | | |
| | | From | | To | |
| Local Union # | City & State | Month | Year | Month | Year |
| | | | | | |
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Page 3 of 3
Please make sure all sections of this Application are completed

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ACCEPTANCE OF RE-EMPLOYMENT REGULATIONS

DIRECTIONS:

Read the following information carefully. Then, sign the attached Acceptance form and return the form to the Trust Office along with your application for pension benefits or your Option Selection Letter. Keep these Rules for your future reference. If you have any questions, please telephone and ask to speak to a Pension representative for the Idaho Operating Engineers, at (206) 441-7574 or (800) 351-6480.

RULES OF RE-EMPLOYMENT AFTER RETIREMENT

EFFECTIVE JULY 1, 2010

IN LAYMAN'S TERMS

Refer to the Plan language in this notice for definitions of "Employment", "Construction", "Industry", and "Trade" and "Craft".

If you are not yet 62 years of age, you cannot work in any employment which is in any way related to Construction, anywhere in the United States, and receive a monthly pension benefits payment from the plan.

<u>For everyone, regardless of age</u>: The re-employment regulations apply whether the employment is union or non-union.

RETIRED EMPLOYEES SHALL BE SUBJECT TO THE FOLLOWING RESTRICTIONS WITH RESPECT TO EMPLOYMENT UNDER THIS PLAN.

- 1. Except as provided in Section 3 below regarding Return to Work During Manpower Shortages, the following rules apply to all Retirees:
 - A. Retirees age 61 and Younger: To be deemed retired before Normal Retirement age, a retiree must refrain from any employment in the construction industry <u>anywhere in the United States</u> for profit or wage.
 - B. Retirees Age 62 and Older: To be deemed retired after Normal Retirement age, a retiree must refrain from employment of 40 hours or more during any calendar month:
 - 1. In the same industry;
 - 2. In the same trade or craft; and
 - 3. In the same geographic area covered by the Plan (Local #370).
 - 4. If the retiree is working <u>outside</u> the jurisdiction of the Local #370, the retiree can work an unlimited number of hours.

- C. Definition of Employment:
 - 1. Hours of service as defined in Article 2.11 of the Pension Plan; and
 - 2. Shall include all work performed by a retiree whether as a supervisor, sole proprietor, partner or corporate owner regardless of whether performed under a collective bargaining agreement.
- D. Definition of Industry: The term "industry" means the type of business activity(ies) engaged in by employers who contribute to the Plan even if the retiree's employer does not contribute to the Plan.
- E. Definition of Trade or Craft: The terms "trade" or "craft" mean skills or trades achieved through training or practice which the retiree exercised while working under the Plan excluding positions which are maintenance positions for governmental entities.
- 2. SUSPENSION OF PENSION PAYMENTS. Except as provided in Section 3, below, the following suspension of benefit rules apply:
 - A. <u>Before Normal Retirement Age</u>. If a retiree who has not attained Normal Retirement age becomes re-employed in work of the type described above, payment of his/her retirement benefits will be suspended for any calendar month in which he/she is so employed. In addition, payment of retirement benefits shall be suspended for the month following employment, but not beyond the retiree's Normal Retirement age, if the retiree fails to satisfy the notice requirements set forth below.
 - B. <u>After Normal Retirement Age</u>. If a retiree who has attained Normal Retirement age is or becomes re-employed in work of the type described above, payment of his/her retirement benefits shall be suspended for any calendar month of such employment. After he/she ceases such employment or when he/she is working less than 40 hours each calendar month, payment of his/her retirement benefits shall commence with the first month following the cessation of employment of the type described above.
- 3. The following RETURN TO WORK DURING MANPOWER SHORTAGES rules apply when in any calendar year the Trustees in their sole discretion declare a manpower shortage:
 - A. Any retiree, regardless of age, may return to work in Employment with a Contributing Employer for a maximum of 600 hours in a calendar year during manpower shortages without incurring a suspension of benefits. You must have been retired for a minimum of six months before you can return to work. The Local Union will maintain a retiree out-of-work list.
 - B. A retiree who wishes to continue working past the 600 hours <u>must notify the Plan in writing</u> of his/her intention.
 - C. If a retiree age 61 and younger works more than the 600 hours allowed, payment of his/her retirement benefits will be suspended for any calendar month in which he/she is so employed. In addition, payment of retirement benefits shall be suspended for the

- month following employment, but not beyond the retiree's Normal Retirement age, if the retiree fails to satisfy the notice requirements set forth in Section 4 below.
- D. If a retiree age 62 and older works more than the 600 hours allowed, payment of his/her retirement benefits shall be suspended in any subsequent calendar month in which the retiree works 40 hours or more in employment described in Section 1B., C., D., and E. above. After he/she ceases such employment or when he/she is working less than 40 hours each calendar month, payment of his/her retirement benefits shall commence with the first month following the cessation of employment of the type described above.
- E. The Trustees can revoke these rules at any time if they no longer serve the purpose of allowing retirees to work when there is a manpower shortage. These rules under Section 3 will be subject to an annual review by the Trustees to determine if they shall continue for the next year.

NOTICES

- A. Upon commencement of payment of retirement benefits, the Trustees will furnish a notice to the retiree of the Plan rules governing suspension of benefits, including the geographic area covered by the Plan. If benefits have been previously suspended and payment resumed, a new notice shall be furnished to the retiree if there has been any material change in the Plan's suspension of benefits rules or the types of work or geographic area covered by the Plan.
- B. A retiree shall notify the Plan in writing within 31 days after starting any work of a type that is described in Sections 1 and/or 3 above, without regard to the number of hours of such work. If a retiree has worked in employment described above in any month after Normal Retirement age, and has failed to give timely notice to the Plan of such employment, the Trustees shall presume that he/she worked for at least 40 hours in such month and any subsequent month before the retiree gives notice that he/she has ceased such employment. The retiree shall have the right to overcome such presumption by establishing that his/her work was not in fact an appropriate basis, under the Plan, for suspension of his/her benefits. The Trustees shall inform all retirees at least once every 12 months of the re-employment notification requirements and the presumptions set forth in this paragraph.
- C. A retiree whose retirement benefits have been suspended shall notify the Plan when prohibited employment has ended. The Trustees shall then have the right to withhold any benefit payments otherwise due the retiree until such notice is received by the Plan.
- D. A retiree may request the Plan to determine whether a particular employment will result in the suspension of benefits. The Plan shall inform the retiree of its determination within a reasonable time not to exceed 90 days after receipt of the request.
- E. The Plan shall inform a retiree of any suspension of his/her retirement benefits by a notice which will be furnished by personal delivery or first class mail during the first calendar month in which the Plan withholds a benefit payment. Such notice shall contain a description of the specific reasons for the suspension, a copy of the relevant

provisions of the Plan, reference to the applicable regulation of the U.S. Department of Labor, and a statement of the procedure for obtaining a review of the suspension. In addition, the notice shall describe the procedure for the retiree to notify the Plan when his/her prohibited employment ends. If the Plan intends to recover prior overpayments by offset under the section explained below, the suspension notice shall explain the offset procedure, identify the amount to be recovered and the periods of employment to which the overpayments relate.

5. RESUMPTION OF BENEFIT PAYMENTS

- A. Benefit payments shall be resumed for months after the retiree ceases to be employed in work described above, with payments beginning no later than the third month after the last calendar month in which the retiree was so employed, provided the retiree has complied with the notification requirements indicated above.
- B. Overpayments attributable to payments made for any month or months for which the retiree was employed in prohibited work described above shall be deducted from payments otherwise due the retiree subsequent to the period of suspension. A deduction from a benefit payment for any month after the retiree has attained Normal Retirement age shall not exceed 25% of the employee's monthly retirement benefit, except that any offset applied against the first payment made upon resumption after a suspension shall not be limited. If a retiree dies before recovery of overpayments has been completed, an offset shall continue to be made from the benefits payable to his/her surviving spouse or contingent beneficiary subject to the 25% limitation on the amount of offset in any one month.

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ACCEPTANCE OF RE-EMPLOYMENT REGULATIONS WITH RETIREE REPORTING EMPLOYMENT

DIRECTIONS: Sign this form and return it to the Trust Office along with your application for pension benefits or Option Selection Letter. Your application for benefits will not be processed until the Trust Office receives this completed form.

I certify that I have received the "Rules of Re-Employment After Retirement" and have read and understood them. I agree that retirement eligibility and payments are to be governed entirely by the provisions of the Plan, or as the Plan may hereafter be amended, and that the payment of any retirement benefit and its acceptance by me shall not prevent the Trustees from recovering, or in any other way, affect their right to recover, any payment to me in excess of the amount to which I am entitled under the provisions of the Plan, nor shall the making of any retirement payment to me obligate the Trustees in any way to make further payments in any amount whatsoever except as may be provided by the Plan as it may from time to time be amended.

Furthermore, if I return to employment, I understand that the monthly benefit amount set forth at this time may vary from that to which I may actually be entitled.

| Last Date Worked | Last Employer Name |
|------------------|------------------------|
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| | |
| Print your Name | Social Security Number |
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| Signature | Date |
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