

Engineers-AGC Retirement Trust of the Inland Empire

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) 695-0984

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.
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: _____
Last First Middle

2. Previous Name: (If any) _____ Date of Name Change: _____

3. Social Security #: _____ Phone #: (____) _____ E-Mail Address _____

4. Mailing Address: _____
Street number City State Zip

5. Local Union #: _____ Male Female Birthdate: _____

6. Marital Status: Married Separated Divorced Widowed Single

7. Were you ever divorced? YES NO Date of Separation or Divorce*: _____

*If your marriage was dissolved after December 31, 1984, your election of benefits may be subject to the rights of a prior spouse and you are required to attach a complete FILED copy of your dissolution decree and property settlement agreement and/or Qualified Domestic Relations Order(s). The copies must show the document was FILED with the court and signed by the judge.

If currently married, please enter spouse's information:

7. Spouse's Name: _____
Last First Middle

8. Spouse's Social Security #: _____ Spouse's Birthdate: _____

I hereby revoke all former pension beneficiary designations, if any, and name the following person as my beneficiary for monthly pension benefits and, if I am eligible, the burial benefit provided for in the Plan.

If not married, Name of Beneficiary:

9. Beneficiary Name: _____ Birthdate: _____

10. Social Security #: _____ Sex: Male Female Relationship: _____

11. Beneficiary Address: _____
Street number City State Zip

12. In accordance with the terms of the Idaho Operating Engineers and Employers Pension Trust Fund I hereby apply for:

Normal Retirement Benefit

Early Retirement Benefit

(Age 62 or Older)

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

If you are applying for Disability Benefits you must use a Disability Retirement application form

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13. Name of Current or Most Recent Employer: _____

14. The last day I worked was or will be on: _____
Month Day Year

15. I hereby request that my retirement be effective on the first day of _____
Month Year

16. If determined to be eligible, I am interested in enrolling in the Trust's Retiree Medical Plan. I understand a monthly premium must be paid. YES NO

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.

I understand the conditions of my retirement are governed by the Plan rules 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

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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ACCEPTANCE OF RE-EMPLOYMENT REGULATIONS REGARDING EMPLOYMENT OVER AGE 62

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.

Following, I have marked **ONE** of the two boxes that accurately reflect my employment history in the jurisdiction of the Local #370 (Eastern Washington and the State of Idaho), and if needed, have detailed my employment on this form.

I certify that I **have not** been employed over 39.0 hours in any month, in the construction industry, in the trade or craft, and in the jurisdiction of the Local 302/370, either union or non-union, from _____ forward.
Insert date

I certify that I **was** employed ***over 39.0 hours in every month*** in the construction industry, in the trade or craft, and in the jurisdiction of the Local 302/370, either union or non-union, from _____ to _____.
Insert starting date *Insert ending date*

I have listed on this form (**on the reverse side**) only the months in which I have been employed over 39.0 hours or more in the industry from _____ forward.

Print Your Name

Your Social Security Number

Signature

Date

See reverse side