

**Stonesetter's Pension Fund, Local 84**  
**253 West 35<sup>th</sup> Street, 12<sup>th</sup> Floor**  
**New York, New York 10001**  
**Phone (212) 505-5050 Fax 646-381-8853**  
**Email: applications@dhcook.com**

Congratulations on your pending retirement!!!!

As you are approaching retirement, we thought we should help make the transition as smooth as possible, so that you can think about your retirement plans and the choices open to you.

Please be advised that a calculation of your years of service in our union indicates that you may be eligible for a pension benefit from the Stonesetter's Pension Fund, Local 84.

The first step toward retirement is filling out your pension application. This application, along with the required documentation, is the only document that can set your retirement in motion.

Your pension will be processed as soon as administratively possible, once the Pension Fund has your completed pension application. Keep in mind that this will take time. The Pension Fund must collect information from different sources, so processing depends on how quickly we receive that information. You can do your part to speed up the process by submitting all required documentation.

There's no getting around the fact that the retirement process has its share of paperwork. Use this checklist to keep track of the information you have and the information you may need to track down. The information includes but is not limited to:

Citizenship/Proof of Age. Proof of citizenship for you and your spouse/beneficiary: birth certificate, naturalization papers, passport, resident alien card or enhanced driver license

Government-issued marriage certificate, if married

Death certificate for spouse, if applicable

Divorce judgment, QDRO, and stipulation of settlement, if divorced

Social Security cards for you and your spouse/beneficiary

**AN INCOMPLETE APPLICATION WILL SLOW DOWN YOUR RETIREMENT PLANS**

An application is considered incomplete if required documentation is missing or if the application is not signed. The Pension Fund cannot process your application if it is incomplete.

When we are in receipt of your signed application or request for an application, you will then receive a joint and survivor form for completion (if applicable), along with other retirement information. Your joint and survivor form will contain different monthly pension amounts. This is because there are several pension payment options for you to choose from. We have Pension Counselors on staff to explain the

different options offered to you.

You are required to have your pension check automatically credited to your savings or checking account on the first day of every month, so you don't have to worry about lost or stolen mail or long lines at the bank.

Because your account number, account type and routing number must be accurately entered, we encourage you to take the form to your bank to verify the information or provide us with a voided check. You may move your account to another bank at any time. All you have to do is notify the Pension Fund and complete a new Direct Electronic Deposit Authorization Form

Your benefit is taxable by the federal and state government and are subject to federal income tax withholding, unless the pensioner elects not to have withholding apply.

The above is a brief synopsis of the pension process. Please refer to the Summary Plan Description for detailed information regarding vesting, credits, and types of pensions available.

We hope this information was helpful to you.

If you need additional help, or have questions, please contact the Fund Administrator:

Daniel H. Cook Associates, Inc.  
253 West 35<sup>th</sup> Street, 12<sup>th</sup> Floor  
New York, NY 10001  
Phone (212) 505-5050 Fax 646-381-8853  
Email: [applications@dhcook.com](mailto:applications@dhcook.com)

**While the administrator of the trust has been instructed to use every effort to make the foregoing information accurate, the trustees expressly reserve the right to correct the statement if errors are discovered. No liability is assumed for any such errors. Your benefits will depend upon the contents of the official Trust records, rather than this summary.**

**Please sign, date and return to the fund office.**

**We do not administer your medical benefits. It is IMPORTANT that your contact the Bricklayers Insurance and Welfare Fund at (718) 459-5800 in order to discuss your medical benefits post retirement.**

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New York, NY 10001  
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Email: applications@dhcook.com

## PENSION APPLICATION

Please read this application carefully before answering any questions. Answer all questions which apply to you. If you have questions about any part of this application, contact the Fund Office.

### Please Print

#### A. PARTICIPANT:

1. Name: \_\_\_\_\_ 2. Soc. Sec. No.: \_\_\_\_\_  
(Last) (First) (M.I.)

3. Address: \_\_\_\_\_  
(No.) (Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

4. Telephone No.: ( ) \_\_\_\_\_ 5. Date of Birth \_\_\_\_\_

6. Is your birth certificate or proof of age attached? \_\_\_\_\_

7. Date you stopped working or you plan to stop working \_\_\_\_\_

8. Are you currently:  
 Married  Legally separated  Divorced  Widowed

*(if widowed, please provide copy of deceased spouse's death certificate)*

#### B. SPOUSE (IF APPLICABLE):

1. Name: \_\_\_\_\_ 2. Soc. Sec. No.: \_\_\_\_\_  
(Last) (First) (M.I.)

3. Address: \_\_\_\_\_  
(No.) (Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

4. Telephone No.: ( ) \_\_\_\_\_ 5. Date of Birth \_\_\_\_\_

6. Is proof of marriage attached? \_\_\_\_\_

7. Is birth certificate or proof of age attached? \_\_\_\_\_

C. **DIVORCED SPOUSE (IF APPLICABLE):**

1. Name: \_\_\_\_\_ 2. Soc. Sec. No.: \_\_\_\_\_  
(Maiden) (First) (M.I.)

3. Address: \_\_\_\_\_  
(No.) (Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

4. Telephone No.: ( ) \_\_\_\_\_ 5. Date of Birth \_\_\_\_\_

6. Is your pension subject to a Qualified Domestic Relations Order?  Yes  No

7. Is birth certificate or proof of age attached? \_\_\_\_\_

D. **TYPE OF PENSION:** (INDICATE TYPE OF PENSION FOR WHICH YOU ARE APPLYING)

- Regular Pension – Age 65 and 15 Pension Credits
- Early Retirement Pension – Age 55 and 15 Pension Credits
- Deferred Pension – Attained Normal Retirement Age; or age 55 and 15 Pension Credits; or age 65 and 10 Vesting Credits Credits; (Non-Bargained Employees – age 65 and 5 Vesting Credits)
- Service Pension – Age and pension Credits add up to equal 85 (only one pension Credit counted per year)
- Disability Pension – 10 Years of Pension Credit, 600 Hours in the year you became disabled and the previous year and you are found to be totally and permanently disabled in accordance with the Pension Plan’s Rules and Regulations, Section 3.12.

E. **WORK HISTORY:**

1. (a) List date you started working in Covered Employment:

\_\_\_\_\_  
(Month)(Day) (Year)

(b) Have there been any periods when you left Covered Employment?

Yes  No

If “Yes”, state when:

From \_\_\_\_\_ To \_\_\_\_\_  
(Month/Year) (Month/Year)

From \_\_\_\_\_ To \_\_\_\_\_  
(Month/Year) (Month/Year)

2. List all the Employers you have worked for and the dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Continue on additional piece of paper, if necessary.

F. **DISABILITY AND MILITARY SERVICE:**

1. Have you ever been totally disabled so as to prevent you from working as a Stone Setter and for which you were compensated under the Workers' Compensation Law or State Disability Benefits Law?

Yes  No

If "Yes", From \_\_\_\_\_ To \_\_\_\_\_  
(Month/Year) (Month/Year)

2. Have you ever been totally disabled so as to prevent you from working in any employment or gainful pursuit?

Yes  No

If "Yes", From \_\_\_\_\_ To \_\_\_\_\_  
(Month/Year) (Month/Year)

3. Have you applied for a Social Security Disability Award?  Yes  No

Have you receive a Disability Award from the Social Security Administration?  Yes  No

If yes, please attach a copy of your award to this application.

4. Have you ever served in the Armed Forces of the United States?

Yes  No

If "Yes", From \_\_\_\_\_ To \_\_\_\_\_  
(Month/Year) (Month/Year)

Please attach copies of discharge papers. Do not send originals.

G. **UNEMPLOYMENT**

1. Have you ever had hours of unemployment paid by the Stone Setters Local 84 Additional Security Benefits Fund?

If "Yes", From \_\_\_\_\_ To \_\_\_\_\_

Number of hours: \_\_\_\_\_

H. **PAYMENT OPTIONS:**

**Married Participants**

Under this Pension Plan your benefit is automatically paid as a Husband and Wife Pension if you are married when you retire, unless you and your spouse reject this form of payment. The Husband and Wife Pension provides for an actuarial reduction in the monthly pension for the life of the Pensioner. When the Pensioner dies, the spouse receives a lifetime pension equal to 50 % of the amount that was being paid when the pensioner was alive as long as they had been married to each other at the time of the pension effective date and for at least one year at the time of the Pensioner's death

If the Husband and Wife Pension is rejected, an unadjusted lifetime amount will be paid to you. If you retire on a Regular or Early Retirement Pension. And die before receiving 60 Monthly payments, the monthly payments of your pension will be paid to your beneficiary, until a total of 60 payments have been made.

**Divorced Participants**

Under this Pension Plan, if you were divorced and a court divorce decree has been issued to you, your ex-spouse may be entitled to benefits under this Plan. If the divorce decree meets the criteria of a Qualified Domestic Relations Order under applicable federal law, the Pension Fund will be obligated to treat your ex-spouse as if you were still married for the purpose of eligibility determination and benefit calculation.

IF YOU HAVE RECEIVED A DIVORCE DECREE WHICH REQUIRES PAYMENT OF BENEFITS TO YOUR EX-SPOUSE, YOU MUST ATTACH IT TO THIS APPLICATION. The Fund Office will establish whether or not such a decree is a Qualified Domestic Relations Order and will advise the parties concerned of their determination. If a Qualified Domestic Relations Order requires payment of benefits to an ex-spouse, the Fund Office will advise you of the Order's impact on your benefits and of any benefit payment options you may be entitled to elect.

**Single Participants**

Under this Pension Plan, if you are single (or can establish to the satisfaction of the Trustees in their sole discretion that you cannot locate your spouse) you will be paid a lifetime monthly benefit. If you retire on a Regular or Early Retirement Pension, you will be covered by the 60 Month Guarantee survivor benefit.

STOP HERE AND CALL THE Fund Office IF you are married and wish to prove that you cannot locate your spouse. The Fund Office will describe the form of proof acceptable to the Trustees.

Please check and complete only one of the four appropriate boxes below. If you are married and both you and your spouse do not reject the Husband and Wife Pension by checking and completing Box 2, your pension must be paid in that form.



2.  I am legally married to \_\_\_\_\_ whom I hereby certify to be the  
(Name of Spouse)  
Person co-signing this document below. I do not wish to receive the pension for  
which I am eligible in the form of a Husband and Wife Pension.

I understand that as a result of my rejecting the Husband and Wife Pension my spouse will not be paid a pension from the Pension Plan after my death unless other benefits are payable to my spouse under the 60 Month Guarantee. I further recognize that because of this rejection, the Pension paid to me while my spouse is living will be a different amount that I would be if I had no rejected the Husband and Wife Pension.

By rejecting the Husband and Wife Pension, my Spouse and I agree that the following person shall be the named Beneficiary for any benefits which may be payable under the 60 Month Guarantee. I also understand such 60 Month Guarantee will only be payable if I retire on a Regular or Early Retirement Pension.

\_\_\_\_\_  
(Name) (Relationship to me)

\_\_\_\_\_  
(Address) (Social Security No.)

\_\_\_\_\_

In the event of the death of my Beneficiary named above, I name as my Contingent Beneficiary the following person:

\_\_\_\_\_  
(Name) (Relationship to me)

\_\_\_\_\_  
(Address) (Social Security No.)

\_\_\_\_\_

I recognize that this or any future Designation of Beneficiary is valid only with the written, notarized consent of my spouse. In the absence of my spouse's written, notarized consent to this designation, I understand that any retirement benefits to which I am eligible shall be payable only in the form of a Husband and Wife Pension, and my above stated rejection of this payment form shall be invalid.



I certify that the above information is true and correct and that the Fund may, based upon this information and my spouse's consent, pay my pension in a form other than a Husband and Wife Pension

You must attach a copy of your marriage certificate

\_\_\_\_\_ )  
(Print your Name)

\_\_\_\_\_ )  
(Signature)

\_\_\_\_\_ )  
(Date)

State of \_\_\_\_\_ )  
\_\_\_\_\_ ) SS:

Country of \_\_\_\_\_ )

On the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_, before me came \_\_\_\_\_, to me known and known to me to be the person described above who executed the foregoing statements before me under oath.

\_\_\_\_\_  
(Notary Public)

STATEMENT OF CONSENT TO BE COMPLETED BY PARTICIPANT'S SPOUSE IF THE HUSBAND AND WIFE PENSION IS REJECTED

I, \_\_\_\_\_, am the legal spouse of the Participant, \_\_\_\_\_.  
(Spouse's Name) (Participant's Name)

I hereby consent to my spouse's reject of the Husband and Wife Pension. I understand that as a result, I will not be paid a pension from the Pension Plan after my spouse's death, unless I am eligible for and am the designated Beneficiary for benefits payable under the 60 Month Guarantee. I further that \_\_\_\_\_ because of this rejection, the pension paid to my spouse while he or she is living will be a higher \_\_\_\_\_ amount than it would be if he or she had not rejected the Husband and Wife Pension.

I hereby consent to my spouse's designation of: \_\_\_\_\_  
(Name of Beneficiary<sup>1\*</sup>)  
and \_\_\_\_\_ to receive any survivor benefits payable under the  
(Name of Contingent Beneficiary<sup>2\*</sup>)

60 Month Guarantee. I understand that this or any future Designation of Beneficiary shall be valid only with my written, notarized consent.

\_\_\_\_\_  
(Spouse's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Spouse's Soc. Sec. No.)

State of \_\_\_\_\_ )  
Country of \_\_\_\_\_ ) SS:

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me came \_\_\_\_\_, to me known and known to me to be the person described above who executed the foregoing statements before me under oath.

\_\_\_\_\_  
(Notary Public)

3.  I wish to receive the Pension for which I am eligible in the form of a Husband and Wife Pension.

I understand that by electing this Husband and Wife Pension, I will receive a reduced benefit for my lifetime and then after my death, my surviving eligible spouse will be entitled to 50% of my reduced benefit for his or her lifetime.

\_\_\_\_\_  
(Name) (Relationship to me)

\_\_\_\_\_  
(Address) (Social Security No.)

Under this pension I understand that:

- a. I must have been married to my spouse for at least one year at the time of my death for my spouse to be eligible to receive the Husband and Wife Pension Benefit
- b. If my spouse predeceases me after my Pension payments begin, the amount of my Pension will continue to be paid in the reduced amount for my lifetime.
- c. If my spouse and I are divorced after my Pension payments begin, the election remains in effect and my spouse will (should he or she survive me) receive the benefit under the Husband and Wife Pension for his or her lifetime unless a Qualified Domestic Relations Order states otherwise.

Attach copies of your birth certificate, your spouse's birth certificate and your marriage certificate.

\_\_\_\_\_  
(Print your Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

I. **WITHOLDING OF FEDERAL INCOME TAX FROM YOUR BENEFIT:**

If you do not check either box, federal income tax will be withheld as if you were married with three exemptions.

- A.  Do not withhold federal income tax from my pension benefit
- B.  Please withhold federal income tax from my pension benefit. (If you have checked this box you must complete a U-4P Form).

J. **MY SIGNATURE BELOW SIGNIFIES THAT:**

- 1. The above statements are true to the my knowledge.
- 2. I understand that a false statement may disqualify me for Pension benefits.
- 3. I understand that if, after I retire, I return to certain work my monthly Pension checks may be suspended for at least the period I continue that work. I agree to notify the Fund Office immediately upon my return to any type of employment and to supply whatever information the Trustees request to determine whether suspension is warranted.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Your pension application will be processed as promptly as possible. You will be contacted if further information or proof is required. You will be notified in writing of the decision on your application.

# Stonesetter's Pension Fund, Local 84

## PRE-RETIREMENT DEATH BENEFITS PENSION APPLICATION FOR BENEFICIARIES AND SURVIVING SPOUSES'

Please read this application carefully before answering any questions. Answer all questions which apply to you. If you have questions about any part of this application, contact the Fund office.

### Please Print

#### A. DECEASED PARTICIPANT INFORMATION:

1. Name of Decedent: \_\_\_\_\_ 2. Soc. Sec. No.: \_\_\_\_\_  
(Last) (First) (M.I.)
3. Address: \_\_\_\_\_  
(No.) (Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)
4. Telephone No.: ( ) \_\_\_\_\_ 5. Date of Birth \_\_\_\_\_
6. Date of death \_\_\_\_\_

YOU MUST ATTACH A COPY OF THE PARTICIPANT'S BIRTH CERTIFICATE AND DEATH CERTIFICATE AND YOUR BIRTH CERTIFICATE AND YOUR MARRIAGE CERTIFICATE (IF YOU ARE THE SURVIVING SPOUSE) AND

#### B. Check One: SURVIVING SPOUSE INFORMATION: DESIGNATED BENEFICIARY INFORMATION:

1. Your Name: \_\_\_\_\_ 2. Soc. Sec. No.: \_\_\_\_\_  
(Last) (First) (Middle)
2. Your Address: \_\_\_\_\_  
(No.) (Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)
4. Your Telephone No.: ( ) \_\_\_\_\_ 5. Your Date of Birth \_\_\_\_\_
5. Your Relationship to the Decedent \_\_\_\_\_



**STONE SETTERS PENSION FUND**

**253 West 35th Street, 12<sup>th</sup> Floor**

**New York, NY 10001**

**Phone (212) 505-5050 Fax 646-381-8853**

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**DIRECT DEPOSIT FORM**

Please use *ink only* to complete the following information and sign at the bottom.

MEMBER'S FULL NAME \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
LAST NAME FIRST NAME

SOC. SEC. NO. \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_ PHONE NO. \_\_\_\_\_ CELL NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP EMAIL

STATUS: SINGLE MARRIED WIDOWED DIVORCED LEGALLY SEPARATED

Do you want your pension check deposited directly into your account? \_\_\_ Yes \_\_\_ No

*If yes, attach a voided check here*

**For a SAVINGS account, please attach a letter from the bank indicating your Account and Routing #.**

This authorization will be in effect until the FUND receives a written termination notice from myself and has a reasonable opportunity to act on it.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*You must sign form in order for the direct deposit to take effect.*