

**Tile Layers Union Local 52/77/88 Pension Fund (NY)**

253 West 35<sup>th</sup> Street, 12thFloor

New York, New York 10001

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

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 any questions about any part of this application, contact the fund office.

**Please Print**

**A. PARTICIPANT:**

1. Name: \_\_\_\_\_ 2. Soc. Sec. No.: \_\_\_\_\_  
Last First M
3. Address: \_\_\_\_\_  
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 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.)
2. 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
8. Is birth certificate or proof of age attached? \_\_\_\_\_

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

**Normal Pension**

You are entitled to retire on a Normal Pension if you have reached Normal Retirement Age and have earned Vested Status.

- If you worked in Covered Employment on or after January 1, 2000, you will reach Normal Retirement Age on your 61st birthday.
- If you worked in Covered Employment on or after April 1, 1998, but not on or after January 1, 2000, you will reach Normal Retirement Age on your 62nd birthday.
- If you did not work in Covered Employment on or after April 1, 1998, you will reach Normal Retirement Age on your 65th birthday.

**Early Retirement Pension**

- You may retire on an Early Retirement Pension if you are at least 55 years old and have at least 5 years of Vesting Service Credit, provided you completed at least one Hour of Service on or after July 1, 2011 (or age 59 if your last Hour of Service was between April 1, 1998 and June 30, 2011). If you have at least 5 years of Vesting Service Credit but leave covered employment before becoming 55, you may receive an Early Retirement Pension when you turn 55, provided you completed at least one Hour of Service on or after July 1, 2011 (or age 59 if your last Hour of Service was between April 1, 1998 and June 30, 2011).

**Deferred Pension**

- If you have attained Vested Status you may receive a Deferred Pension at age 55 or later, provided that you completed at least one Hour of Service on or after July 1, 2011 (or age 59 if your last Hour of Service was between April 1, 1998 and June 30, 2011).

**Disability Award Pension**

- If you are fully vested and have been awarded a Social Security Disability benefit, you may receive a Disability Award Pension from the Plan at any age.  
The amount of your Disability Award Pension will be the same as the Normal Pension benefit you would be eligible to receive as of the date you retire.  
If your Social Security Disability benefit ends before you reach age 61 then your Disability Award Pension under this plan will also end.  
Participant is entitled to no more than twelve (12) months of retroactive payments if the date of disability precedes the Participant’s application for benefits. Such retroactive payment shall be characterized as an “auxiliary disability” benefit.

**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 an additional piece of paper, if necessary.

**F. DISABILITY AND MILITARY SERVICES:**

1. Have you even been totally disabled so as to prevent you from working as a Tile Layer Local 52 and for which you were compensated under the Workers' Compensation Law?

Yes       No

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

2. Have you ever received weekly accident and sickness benefits from the Local 7 Welfare Fund?

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.

3. Have you ever served in the Armed Forces of the United Stated?

Yes       No

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

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

**G. PAYMENT OPTIONS:**

**Married Participants**

Under this Pension Plan your benefits 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. When the Pensioner dies, the spouse receives a lifetime pension equals 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 you did not work in covered employment on or after January 1, 1996, the monthly amount of your benefit will be actuarially reduced in order to provide a Husband and Wife Pension.

If you reject the Husband and Wife Pension with your spouse's written consent, your benefit will be paid in the form of an unadjusted lifetime monthly benefit with a 36 Month Guarantee. If you die without receiving 36 monthly payments, the same monthly amount will be paid to your beneficiary, until a total of 36 payments have been made, counting those made to you and your beneficiary.

**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 purposes 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 other'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 if established to the satisfaction of the Trustees in their sole discretion that you cannot locate your spouse) you will be paid a lifetime monthly benefit with a 36 Month Guarantee survivor benefit. If you die before receiving 36 monthly payments, the monthly payments of your pension will continue to be paid to your beneficiary, until a total of 36 payments have been made.

**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.

1.  I swear that I am not legally married at the present time. I name as my Beneficiary for the 36 Month Guarantee the following person:

_____	_____
(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 certify that the above information is true and correct and that the Fund will, based upon this information, pay my pension benefit if I am eligible.

_____	_____	_____
(Print your name)	(Signature)	(Date)
State of _____ )		
) SS:		
County of _____ )		

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)

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 36 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 than it would be if I had not rejected the Husband and Wife Pension.

By rejecting the Husband and Wife Pension, my spouse and I agree that the following person shall be named Beneficiary for any benefits which may be payable under the 36 Month Guaranteed. I also understand such 36 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 base upon this information and my spouse's consent pay my pension benefit 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:  
 County of \_\_\_\_\_ )

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)

**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 rejection 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 36 Month Guarantee. I further recognize 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)\*

and \_\_\_\_\_ to receive any survivor benefits payable under  
(Name of Contingent Beneficiary)

the 36 Month Guarantee. I understand that this or any future Designation of Beneficiary shall be valid only with my written, notarized consent.

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\* Note: For this rejection of the Husband and Wife Pension to be valid, the Beneficiary must be the same person designated by the Participant on the pervious page. In the event that the Participant and Spouse cannot agree on the Beneficiaries, the rejection of the Husband and Wife Pension is in validated, and the Fund will be obligated to pay and Pension benefits due in the form of a Husband and Wife Pension.

\_\_\_\_\_  
(Spouse's Name)

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

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

State of \_\_\_\_\_ )  
County 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 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 my Pension payments begin, the amount of my Pension will continue to be paid in the reduced amount for my lifetime.
- b. 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)

4.  I may wish to receive my Pension benefits in the form of Husband and wife Pension and wish to be informed of the exact amount of the Pension benefits payable to myself and my spouse under the Husband and Wife Pension. I understand that when I receive this information, I will again have the chance to make a final election regarding the Husband and Wife pension.

In order for the Fund Office to calculate the Pension amounts payable, you must attach copies of you and your spouse's birth certificate, and your marriage certificate.

_____	_____	_____
(Print Your Name)	(Signature)	(Date)

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

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

- A.  Do not withhold federal income taxes 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 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.

# LOCAL 52/77/88 TILE LAYERS PENSION

253 West 35th Street, 12<sup>th</sup> Floor  
New York, NY 10001  
Tel: 212.505.5050 Fax: 646.381.8853  
applications@dhcook.com

## DIRECT DEPOSIT FORM

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

**MEMBER'S FULL NAME:** \_\_\_\_\_

Last Name

First Name

DOB \_\_\_\_\_

SOC. SEC. NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY OR BOROUGH

STATE

ZIP

HOME NO. \_\_\_\_\_ WORK NO. \_\_\_\_\_ CELL NO. \_\_\_\_\_

E-MAIL \_\_\_\_\_

STATUS:  SINGLE  MARRIED  WIDOWED  DIVORCED  LEGALLY SEPARATED

Are you currently receiving (or approved to receive) a pension? \_\_\_ Yes \_\_\_ No

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

*Please attach a voided check here (voided check must have your name and address preprinted)*

The diagram shows a check with the following fields and labels:

- NAME: 0123
- ADDRESS: CITY, STATE, ZIP
- DATE: \_\_\_\_\_
- PAY TO THE ORDER OF: \_\_\_\_\_ \$ \_\_\_\_\_
- BANK NAME: \_\_\_\_\_ DOLLARS
- ADDRESS: CITY, STATE, ZIP
- FOR: \_\_\_\_\_
- Bank Routing Number: 0123456789
- Bank Account Number: 012345678901234
- Check Number: 0123

NOTE: To deposit to your CHECKING account, please attach a blank, voided check. For a SAVINGS account, please attach a letter from the bank indicating your Account and Routing #.

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

*Information will **not** be processed without signature!*

