

Sheet Metal Workers' Local Union No. 73 Pension Fund

4530 Roosevelt Road, Hillside, IL 60162 Phone: (708)449.7373 Fax: (708)449.7333

PENSION APPLICATION

Please read all instructions carefully and answer all applicable questions:

1. Name: \_\_\_\_\_
Last First Middle

2. Address: \_\_\_\_\_
\_\_\_\_\_ ( )
City State Zip Telephone

3. Social Security No.: \_\_\_\_\_ 4. Union No.: \_\_\_\_\_

5. Date you plan to retire: \_\_\_\_\_
Month Day Year

6. Date of Birth: \_\_\_\_\_ (Attach proof of age, see instructions).

7. Place of Birth: \_\_\_\_\_
City State Country

8. Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

9. Current Spouse's Name: \_\_\_\_\_

Current Spouse's SSN: \_\_\_\_\_ Current Spouse's DOB: \_\_\_\_\_

10. If you have been divorced, indicate name(s) of former spouse(s), date of marriage(s) and divorce(s).

Table with 4 columns: Name(s) of Spouse(s), Date of Marriage(s), Date of Divorce(s), and an empty column.

IMPORTANT - IF YOU HAVE EVER BEEN DIVORCED, YOU MUST SUBMIT A COPY OF YOUR FINAL JUDGEMENT(S) OF DISSOLUTION OF MARRIAGE, ALONG WITH PROPERTY SETTLEMENT(S) AND QUALIFIED DOMESTIC RELATIONS ORDER(S).

11. A. When did you first join Sheet Metal Workers' Local 73? \_\_\_\_\_  
 Month Year

B. When did you first join Sheet Metal Workers' International Association? \_\_\_\_\_  
 Month Year

12. You may be entitled to credit for periods when you received Workers' Compensation benefits. If you received benefits, please fill in the section below:

Name of Employer	Address of Employer	Date			
		From	To	From	To
		Month	Year	Month	Year

13. What type of Pension are you applying for?

Regular \_\_\_\_\_ Deferred \_\_\_\_\_ Early \_\_\_\_\_  
 Reciprocal \_\_\_\_\_ Rule of 95 \_\_\_\_\_ Disability \_\_\_\_\_

14. Complete this question only if you are applying for retirement before age 65 because of disability.

a. What is the nature of your disability? \_\_\_\_\_

b. When did you first become disabled? \_\_\_\_\_

Month Day Year

c. Name of your Doctor: \_\_\_\_\_

d. Address of your Doctor: \_\_\_\_\_

\_\_\_\_\_  
 City State Zip Code Telephone no.

e. Was your disability incurred as a result of military services in the Armed Forces of the United States for which you are now receiving a military disability pension?

\_\_\_\_\_ yes \_\_\_\_\_ no

If yes, what is the amount of the military pension per month? \$ \_\_\_\_\_

f. Have you worked at all in any occupation since you became disabled?

\_\_\_\_\_ yes \_\_\_\_\_ no

If yes, describe work and periods of employment:

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

15. Have you ever worked for another Sheet Metal Local Union? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, indicate the name of the Local and the dates of employment below:

Name of Local	Address	Date			
		From	To	From	To
		Month	Year	Month	Year

16. I hereby apply for a pension from the Sheet Metal Workers' Local 73 Pension Fund. The above statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for a pension benefit.

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Date Signature

- You will be contacted for further information or proof is required.
- You will be notified in writing of the decision on your application.

**REMEMBER!!** The Effective Date of your pension is dependent upon how quickly you return the Pension Application and all other mandatory pension documents to the Fund Office. **No pension benefits will be paid for any period prior to the first day of the month following the month in which the Participant has submitted all of the appropriate documentation to the Fund Office.** A Participant must have all necessary supporting paperwork on file within 90 days after the pension application is received by the Fund Office. **If a Participant does not have all the necessary supporting paperwork on file within 90 days after the pension application is received by the Fund Office, then the application will be closed and the Participant must re-apply for the pension benefits and will be given a new Effective Date.**



**SHEET METAL WORKERS'**  
*International Association • Local Union No. 73*  
4530 Roosevelt Road | Hillside, Illinois 60162 | 708-449-7373 | Fax 708-449-7333



## Welfare and Pension Funds PROOF OF AGE INSTRUCTIONS

In order to be eligible for retirement benefits, you must furnish proof of your age. Depending on the benefit payment option you choose, you must furnish proof of your (1) spouse's age along with a copy of the Marriage Certificate or (2) beneficiary(ies) age.

You are required to furnish the best proof available. It is recognized that in certain instances a birth certificate may not be available, particularly for those born outside of the United States. The following list shows the types of documents that may serve as proof of your age. Some documents are better proof than others. This list is arranged starting with the best type of proof and continuing down to less desirable types of documents. Additional proof may be requested if the document you submit is not convincing proof.

A photocopy of the document may be submitted. **NOTE:** Naturalization papers, United States passports and immigration papers **may not be photocopied**. If the only proof of your age you have available is one of these, submit the original and it will be returned to you.

1. Birth certificate.
2. Baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such record.
3. Notification of registration of birth in a public registry of vital statistics.
4. Hospital birth record certified by the custodian of such record.
5. Foreign church or government record.
6. A signed statement by a physician or midwife who was in attendance at birth, as to the date of birth shown on his or her record.
7. Naturalization record.
8. Immigration papers.
9. Military record.
10. Passport.
11. School record certified by the custodian of such record.
12. Vaccination record certified by the custodian of such record.
13. An insurance policy which has been in force for at least ten years and which shows the age or date of birth.
14. Marriage records showing date of birth or age (application for marriage license or church record, certified by the custodian of such record, or marriage certificate).