



COVERED EMPLOYEE OR NON-PARTICIPANT NAME: \_\_\_\_\_

SS# \_\_\_\_\_  
FOR FUND OFFICE USE ONLY

REQUEST FOR APPLICATION OR ESTIMATE

I am requesting (check one):

- A Pension Application
- A Death Benefit Application (Covered Employee's Date of Death \_\_\_\_\_)
- An Estimate of my Pension at Age 65
- Other (please specify): \_\_\_\_\_

Covered Employees complete Sections I and III.  
Spouse, Alternate Payee or Beneficiary complete Sections I, II and III.

**SECTION I Covered Employee**

Covered Employee's Name \_\_\_\_\_

Address 1 \_\_\_\_\_ Employee's Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Address 2 \_\_\_\_\_ Employee's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 City \_\_\_\_\_ Phone No. (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email Address: \_\_\_\_\_

Planned Pension Effective Date \_\_/\_\_/\_\_(If requesting a pension application this date cannot be more than 180 days in the future)

Employee's Last Contributing Employer \_\_\_\_\_ Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(in any employment)

(If Applying for a Disability Pension) Date of Disability \_\_/\_\_/\_\_

Employee's Marital Status (check one)  Married  Not Married

Spouse's Name \_\_\_\_\_ Spouse's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_

**SECTION II Applicant**

Applicant's Name (if Not Covered Employee) \_\_\_\_\_

Relationship to Covered Employee:  
 Beneficiary (please specify: parent, child, sibling, etc.) \_\_\_\_\_  
 Spouse  Alternate Payee (QDRO)

Address 1 \_\_\_\_\_ Applicant's Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Address 2 \_\_\_\_\_ Applicant's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 City \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email Address: \_\_\_\_\_

**SECTION III Signature**

Employee/Applicant's Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ and/or Email Address \_\_\_\_\_

Employee/Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_