



International Union of Operating Engineers
Local 132 Pension Fund
P.O. Box 2626
Huntington, West Virginia 25726-2626
(304) 525-0482 1-800-642-3525 www.iuoe132.org

NOTIFICATION OF RETIREMENT APPLICATION

Please complete ALL sections of this application, attach copies of the required documents and sign and date before returning to the Fund Office. We will contact you within thirty (30) to ninety (90) days from the date of receipt of this application. You will then be provided an Application for Retirement Benefits, showing the benefit types and monthly amounts payable, provided you meet all of the qualifications for benefits. Should you be ineligible for benefits, you will also be notified in writing.

Participant Information

Name: _____ ID Number or SSN: _____
Address: _____ Date of Birth: _____
_____ Union Reg. Number: _____
Phone: _____ Date of Initiation: _____

Marital Status: Single Divorced (attach Divorce Decree)
 Married Widowed (attach Certified Death Certificate)

Spouse Name: _____ Social Security Number: _____
Date of Marriage: _____ Spouse's Date of Birth: _____

Participants applying for benefits must submit a copy of their birth certificate and union card showing the initiation date. If you are married, we will also need a copy of your spouse's birth certificate and a copy of the marriage license. Should you send originals, we will make a copy and return the originals.

Other acceptable evidence for Proof of Age are as follows:

Official Infant Baptism Certificate showing date of birth
Certified copy of Page of Family Bible showing date of birth
Life Insurance Policy issued at least 5 years earlier

Certified copy of School Age record
Naturalization Papers or a Passport
Qualified military service record

Employment Information

Enter the date in which your pension benefit is to begin: _____
Enter the last day you worked in the jurisdiction of IUOE Local 132: _____

Have you ever worked out of state?
 Yes No

If yes, please list each local union number and the approximate time worked in that jurisdiction:

Local _____ Years _____
Local _____ Years _____
Local _____ Years _____

Have contributions been reported to Central Pension Fund upon your behalf?
 Yes No

Retirement Benefit

Please select the type of retirement benefit in which you are applying:

- Normal** Age 65 with 16,000 hours of contributory service
Age 65 with 10 years of participation, you must have worked on or after April 1, 1976
Age 65 with 5 years of participation, you must have worked on or after June 1, 1997
- Early** **Non-Reduced Benefit Qualifications**
Age 64 with 25,000 hours of contributory service
Age 63 with 30,000 hours of contributory service
Age 62 with 35,000 hours of contributory service
Age 61 with 40,000 hours of contributory service
Age 60 with 45,000 hours of contributory service
Age 59 with 50,000 hours of contributory service, you must have worked on or after January 1, 2001
Age 58 with 55,000 hours of contributory service, you must have worked on or after January 1, 2001
Age 57 with 60,000 hours of contributory service, you must have worked on or after January 1, 2001
- Early** Age 60 with 16,000 hours of contributory service
Age 55 with 24,000 hours of contributory service
- Disability** Age 45 with 8,000 hours of contributory service
Requires Social Security Administration Notice of Awards Letter and a letter from Social Security advising the month, day and year you were found disabled. You must be in active employment at the time of your disability.
- Severance** Requires a Break-in-Service with at least 1,600 hours of contributory service and you must be ineligible for any other benefits, including a vested future benefit.

Please note, the above listed retirement types and descriptions show only the minimum qualifications required for benefits and are in no way a guarantee of benefits. Please refer to your Summary Plan Description for the official plan language and all qualification requirements for benefits.

Declaration and Signature

I hereby declare the information I have provided is true and correct to the best of my knowledge. I understand that a false statement may disqualify me from benefits and that the Fund has the right to recovery from any Participant, any payments made as a result of misrepresentation, mistake or error, irrespective of the party causing any such mistake or error.

I understand I must notify the Fund Office immediately if I return to work.

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Participant's Signature

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Date Signed

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Witness's Signature

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Date Signed

Notarized Statement Concerning Qualified Domestic Relations Orders (QDRO)

I, the undersigned, do hereby certify I have no financial responsibility which would affect the distribution of my pension benefit, at this time, as indicated by a Qualified Domestic Relations Order (QDRO).

→ _____
Participant's Signature

→ _____
Date Signed

STATE OF _____

COUNTY OF _____, TO WIT:

The foregoing Notarized Statement Concerning Qualified Domestic Relations Orders was acknowledged before me, this the _____ day of _____, _____ by _____, whose name is signed in writing above.

My commission expires

Signature of Notary Public

