



**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

→

Witness's Signature

→

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

{Notary Seal}