

## INSTRUCTIONS CONCERNING SUBMISSIONS OF PROOFS OF AGE

The acceptable proofs of your age are listed below in two groups. Submit a photocopy of one of the proofs listed in Group I, if you have it, or can possibly obtain it, since this class of proof of age is more convincing.

If you cannot submit a proof in Group I classification, submit photocopies of two (2) of the proofs listed in Group II. You are cautioned, however, that **Naturalization Papers, United States Passports and Immigration Papers, MAY NOT BE PHOTOCOPIED**. If you are submitting any of these, you must submit the original which will be returned to you.

Additional proofs of age may be requested if the documents you submit do not constitute convincing proof of your age.

### GROUP I

1. A birth certificate.
2. A baptismal certificate or a statement as to the date of birth shown by a church records, certified by the custodian of such records.
3. Notification of registration of birth in public registry of vital statistics.
4. Certification of record of age by the U.S. Census Bureau.
5. Hospital birth records, certified by the custodian of such records.
6. A foreign church or government record.
7. A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
8. Naturalization record. **(Photocopy is not acceptable, please submit original.)**
9. Immigration papers. **(Photocopy is not acceptable, please submit original.)**
10. Letter from Social Security Administration certifying to your age as it appears on their records.

### GROUP II

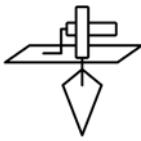
11. Military record.
12. Passport. **(Photocopy is acceptable.)**
13. School records, certified by the custodian of such records.
14. Vaccination records, certified by the custodian of such records.
15. An insurance policy which shows the age or date of birth.
16. Marriage records showing date of birth or age (application for marriage license or church records, certified by the custodian of such records, or marriage certificate).
17. Other evidence such as signed statements from persons who have knowledge of the date of birth.
18. Driver's License.

## INFORMATION REGARDING THE HUSBAND-AND-WIFE PENSION

If you are legally married as of your Annuity Starting Date, the Pension Plan requires that your pension be paid in the form of a Husband-and-Wife Pension unless you have filed a timely election to waive that form of payment and your spouse has consented, in writing, to such waiver.

The Husband-and-Wife Pension is a percentage of the benefit amount payable as a single-life pension which accounts for the life expectancy of both parties. The lower amount payable to the Participant is in exchange for the guarantee that after the Participant's death, the spouse will continue to receive for her lifetime the Participant's monthly benefit at 50%, 75% or 100% depending on the option that the Participant elected at retirement. For example: assume a monthly Regular, Service or Early Retirement benefit of \$2,000.00 payable as a single-life pension (payable for the Participant's lifetime only) and assume a Spouse who is the same age as the Participant. The Pension Plan specifies a Husband-and-Wife Pension which is 95% of \$2,000.00 (different factors apply for Disability Pensions) which equals \$1,900.00 per month while the Participant lives. The month following the Participant's death, the spouse will continue to receive monthly benefit of \$950.00, \$1,365.00 or \$1,740.00 for her lifetime, depending on the option elected at retirement. If your spouse should predecease you, your pension amount will be converted to the amount payable as a single-life pension or \$2,000.00 citing the above example.

***You should refer to Article 7 of the Pension Plan for a complete explanation of the terms and conditions affecting the Husband-and-Wife Pension.***



# CEMENT MASONS PENSION TRUST FUND FOR NORTHERN CALIFORNIA

1600 Harbor Bay Parkway, Suite 200 ♦ Alameda, California 94502

Telephone No.: (707) 864-3300 or (888) 245-5005

## PENSION APPLICATION

### INSTRUCTIONS

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| <p>A. Please read each question carefully.</p> <p>B. PRINT all information.</p> <p>C. Be sure to answer all questions completely and accurately. Credited Service cannot be given for periods of employment not reported on your application. Also, complete and accurate answers will avoid delay in processing your application.</p> | <p>D. Attach additional sheets if you need more space to answer any questions.</p> <p>E. BE SURE TO SIGN AND DATE THE APPLICATION.</p> <p>F. The completed application and proof of age must be filed with the Fund Office. No Union, Employer or other office is authorized to accept or receive the application on behalf of the Fund.</p> |
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### PERSONAL DATA

NAME (Last)	(First)	(Middle)	SOCIAL SECURITY NO.:
ADDRESS (Street)	(City)	(State)	(Zip Code)
TELEPHONE NO.:			( )
DATE OF BIRTH: / / <small>(Attach proof of age-See instructions on the reverse side)</small>	Your Present Local Union No.:	UNION BOOK NO.:	IBM NO.:
Original Union Initiation Date:	Date you retired or plan to retire:	Date you last worked, or will work, in Covered Employment:	
Name of your most recent employer:			

### UNION MEMBERSHIP

List below your history of union membership in any Local Union for periods during which you were working as a Cement Mason in the Building and Construction Industry

LOCAL UNION NUMBER	UNION BOOK NUMBER	CITY - STATE	Dates of Membership	
			FROM Month/Year	TO Month/Year

[IF YOU NEED MORE SPACE, ATTACH ADDITIONAL SHEETS]

### DISABILITY PENSION (If you are applying for a Disability Pension, complete the following)

Date you first became disabled:	NATURE OF YOUR DISABILITY (Explain below)
From the date you first became disabled, have you engaged in any employment? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If you received Workers' Compensation temporary benefits, indicate the last date you received this benefits: Month/Year	
Have you applied for Social Security Benefits? <input type="checkbox"/> YES When? Month/Day/Year <input type="checkbox"/> NO Explain why:	Were you approved or denied by Social Security for Disability Benefits? <input type="checkbox"/> APPROVED attach a photocopy of approval of benefits <input type="checkbox"/> DENIED attach a photocopy of denial
<b>IMPORTANT:</b> Notice of Approval or Denial from Social Security Administration must be on file before we can take any action on your application.	

## EMPLOYMENT HISTORY

If you claim credit for employment prior to the February 1, 1959 date the Pension Plan was established (Credited Past Service per Section 6.02 of the Plan) for work as a Cement Mason in the Building and Construction Industry in the 46 Northern California Counties and for which you have not previously been credited, please list ALL such employment below. Such claim should be accompanied by any available documentary evidence of such employment.

JOB CLASSIFICATION	NAME OF EMPLOYER	ADDRESS	Dates of Employment	
			FROM Month/Year	TO Month/Year

[If you need more space, attach additional sheets]

## MILITARY SERVICE CREDIT

If you served in the Armed Forces of the United States at any time after you began work as a Cement Mason, please indicate the dates below and provide a copy of your discharge papers (Form DD-214).

BRANCH	FROM	TO

## NON-WORKING PERIODS AFTER FEBRUARY 1, 1959

If you were disabled at any time after February 1, 1959 you may receive credit for periods of time after that date when you were not working by answering the following questions:

Did you apply for California State Disability Insurance benefits after February 1, 1959?

YES (If your answer is "YES", indicate FROM and TO dates below you received payments)  NO

FROM	TO	FROM	TO

Did you apply for Workers' Compensation disability benefits after February 1, 1959?

YES (If your answer is "YES", indicate FROM and TO dates below you received payments)  NO

FROM	TO	FROM	TO

## EMPLOYMENT AFTER NORMAL RETIREMENT AGE (AGE 65)

If you are age 65 or older, you MUST indicate your work status for each month since your 65th birthday. You must list any months in which you engaged in ANY employment for wages or profit of 40 hours or more in the Building and Construction Industry.

MONTH/YEAR	EMPLOYER'S NAME AND LOCATION

(Mark X if you did not engage in any employment). I have NOT been employed in the Building and Construction Industry since age 65.

### CURRENT MARITAL STATUS

SINGLE  MARRIED (If legally married, give name, address, date of birth and Social Security number of your spouse and include a copy of your Marriage Certificate as well as proof of age for your spouse)

NAME OF SPOUSE: First Middle Init. Last

ADDRESS OF SPOUSE IF OTHER THAN YOURS: Street City State Zip Code

SPOUSE'S BIRTHDATE: Month Day Year SPOUSE'S SOCIAL SECURITY NO.

### PRIOR MARITAL HISTORY

**IMPORTANT:** This information is required to protect the Fund's interests as well as your own.

If you were married for any period of time in which you earned Credited Service and Benefit Units under the Plan, then divorced, your ex-spouse has a potential community property interest in that portion of your total benefit that accrued during the marriage.

Please provide copy of the Judgment of Dissolution and the Interlocutory Judgment, property settlement agreement or any other court orders relating to the disposition of this asset. List the dates of marriage and separation as well as your former spouse's name and current mailing address below.

NAME OF EX-SPOUSE	ADDRESS	DATES OF	
		MARRIAGE	SEPARATION

### APPLICANT'S STATEMENT

I hereby apply for a pension from the Cement Masons Pension Trust Fund for Northern California.

I certify under penalty of perjury that all the foregoing statements are complete, true and correct. I understand that a false statement may disqualify me for pension benefits, and that the Trustees shall have the right to recover any payments made to me because of a false statement.

Signature 

Date:

When you submit an application to the Pension Plan, you will receive a letter acknowledging its receipt. If any further information is required, you will be advised. Be certain to include your Social Security number when corresponding with the Fund Office. You will be notified in writing of the decision made by the Board of Trustees on your application.

Your Pension Annuity Starting Date is the first day of the month following the calendar month in which the Application is received so long as you have fulfilled all of the conditions for entitlement to benefits. For example, if you last worked as a Cement Mason in January but, you did not file an Application until March, your Pension benefit will start April 1st. The Annuity Starting Date for Disability Pension is different.

You should refer to Article I, Section 1.03 and Article 10, Section 10.01 for a complete explanation of the terms and conditions affecting the Pension Annuity Starting Date and filing of Pension Application.

