



Northern California Cement Masons Funds Administration, Inc.

4160 Dublin Blvd. Suite 100 Dublin, CA 94568 ♦ Tel. (707)864-3300 or (888)245-5005

Pre-Retirement Husband-&-Wife (Surviving Spouse) PENSION APPLICATION

INSTRUCTIONS

- A. Read each question carefully.
- B. PRINT in ink or type all information.
- C. Be sure to answer all questions completely and accurately.
Credited Service cannot be given for periods of employment not reported on your application.
- D. Attach additional sheets if you need more space to answer any questions.
- E. BE SURE TO SIGN AND DATE THE APPLICATION.

- F. Mail completed application to the Fund Office with the following:

- 1. A copy of Certified Death Certificate of the deceased employee
- 2. A copy of your Marriage Certificate
- 3. A copy of your Birth Certificate or proof of age

NO UNION, EMPLOYER OR OTHER OFFICE IS AUTHORIZED TO ACCEPT OR RECEIVE THE APPLICATION ON BEHALF OF THE FUND.

PERSONAL DATA ON DECEASED EMPLOYEE

NAME (Last)

(First)

(Middle Initial)

SOCIAL SECURITY NO.

DATE OF BIRTH

LOCAL UNION NO.

UNION BOOK NO.

UNION MEMBERSHIP

List below your spouse's union membership in the Operative Plasterers' and Cement Masons'
International Association of the United States & Canada

| LOCAL UNION NUMBER | UNION BOOK NUMBER | CITY - STATE | Dates of Membership | | | |
|--------------------------|-------------------------|--------------|---------------------|------|-------|------|
| | | | FROM | | TO | |
| | | | Month | Year | Month | Year |
| | | | | | | |
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IF YOU NEED MORE SPACE, ATTACH ADDITIONAL SHEETS

**COMPLETE & ACCURATE ANSWERS WILL AVOID
DELAY IN PROCESSING YOUR APPLICATION**

- continue on reverse side -

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DISABILITY INFORMATION

Did your spouse receive State Disability Insurance or Workers' Compensation Disability Benefits AFTER February 1, 1959?

☐ YES (provide dates below) ☐ NO

| FROM MONTH YEAR | TO MONTH YEAR | FROM MONTH YEAR | TO MONTH YEAR |
|-------------------------------------|-----------------------------------|-------------------------------------|-----------------------------------|
| | | | |

EMPLOYMENT HISTORY

List below ALL Employers your spouse worked for before February 1, 1959, when your spouse was working as a Cement Mason in the Building & Construction Industry within the 46 Counties of California.

| NAME OF EMPLOYER | EMPLOYER'S ADDRESS | DATES OF EMPLOYMENT | |
|---------------------|-----------------------|-------------------------------------|-----------------------------------|
| | | FROM Month Year | TO Month Year |
| | | | |
| | | | |
| | | | |

IF YOU NEED MORE SPACE, ATTACH ADDITIONAL SHEETS

APPLICANT'S STATEMENT

I hereby apply for a Pre-Retirement Husband-&-Wife (Surviving Spouse) Pension benefit 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.

| | | |
|---------------------|---------------|---------------------------------|
| LAST NAME | FIRST | MIDDLE INIT. |
| | | |
| STREET ADDRESS | CITY | STATE ZIP CODE |
| | | |
| SOCIAL SECURITY NO. | DATE OF BIRTH | TELEPHONE NO. |
| | | |
| SIGNATURE ① | | 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.