

## Northern California Cement Masons Funds Administration, Inc.

4160 Dublin Blvd, Suite 400, Dublin, CA 94568 \* Telephone: (707) 864-3300 or (888) 245-5005

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

(30)

## 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.
- 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			Dates of Membership							
		CITY -	STATE	FROM Month Year	TO Month Year						

IF YOU NEED MORE SPACE, ATTACH ADDITIONAL SHEETS

COMPLETE & ACCURATE ANSWERS WILL AVOID DELAY IN PROCESSING YOUR APPLICATION

- continue on reverse side -

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

DISABILITY INFORMATION											
Did your spouse receive State Disability Insurance or Workers' Compensation Disability Benefits <u>AFTER</u> February 1, 1959?											
YES (provide dates below)											
FROM MONTH YEAR	MONTI	TO H YEAR	F MONTH	FROM MONTH YEAR		TO MONTH					
I		I		I		I					
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'S		DATES OF EMPLOYMENT								
EMPLOYER	ADDRESS			FROM Month Year	TO Month Year						
IF YOU NEED MORE SPACE, ATTACH ADDITIONAL SHEETS											
ADDITCANT'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		MIDDLE INIT.									
STREET ADDRESS	ITY		STATE	ZIP CODE							
SOCIAL SECURITY NO.			DATE OF BIRTH	ATE OF BIRTH TELEPHONE NO.							
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.