



# SHEET METAL WORKERS' NATIONAL PENSION FUND

## REACTIVATE APPLICATION FORM

**PARTICIPANT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LOCAL UNION NUMBER:** \_\_\_\_\_ **SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**EFFECTIVE DATE:** \_\_\_\_\_

**LAST DATE OF WORK:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_

I verify that I have an application on file with the Fund office, and now wish to apply for my benefit. I understand that the *earliest* a benefit will become effective is the month following receipt of this notice in the Fund office.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

*The Fund office will forward a letter within 3-4 weeks to acknowledge receipt of your request.*

Note: If you are applying for disability benefit, our rules state that a disability benefit will be effective the month following receipt of the notice to retire or six months after the verified date of disability, whichever is later. Please fill out the enclosed disability forms only if you are requesting consideration for a disability benefit.

To update your file, we may need additional information. Please supply the following information. If you have any questions, please contact the Fund office on our toll free number, 1-800-231-4622.

Please indicate if you are married or single \_\_\_\_\_

If married please provide your spouse's date of birth \_\_\_\_\_

The enclosed Beneficiary Form must be completed and returned to us.



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## DESIGNATION OF BENEFICIARY

**PARTICIPANT:** \_\_\_\_\_

**LOCAL UNION:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

Instructions: Give full name of the beneficiary. For example, Georgia M. Smith, not Mrs. Robert Smith. The Primary Beneficiary is the person or persons who will receive any benefit benefits due in the event of your death. The Successor Beneficiary is the person or persons who will receive any benefit benefits due in the event of the death of both you and the Primary Beneficiary. You may have as many Primary and Successor Beneficiaries as you wish. You may use an additional sheet of paper to list their names, addresses and relationships. Please be sure your signature is on the additional sheet. For further information see Article 7 and 8 of the Plan Booklet.

I hereby designate the following named beneficiary(ies) to receive the amount of benefit benefits, if any, payable upon my death, under the Rules and Regulations of the National Pension Fund. I reserve the right to revoke and change this designation at any time by giving written notice to the Sheet Metal Workers National Pension Fund in the form designated by the Trustees.

Name of Primary Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Address of Primary Beneficiary:

\_\_\_\_\_  
Number & Street

\_\_\_\_\_  
City State Zip

Name of Successor Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Address of Successor Beneficiary:

\_\_\_\_\_  
Number & Street

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Name of Witness (please print)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date Signed



## SHEET METAL WORKERS' NATIONAL PENSION FUND

**PARTICIPANT:** \_\_\_\_\_

**LOCAL UNION:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

### **FULL DISABILITY BENEFIT**

For Full Disability Benefits, which become effective on or after January 1, 2008, both the eligibility requirements and the amount payable have changed.

In order to qualify for this benefit a Participant must meet the following conditions:

- 1) The U.S. Social Security Administration has found him to be disabled as verified by proof of approval for Social Security Disability Insurance;
- 2) He must have earned a minimum of 10 years of Pension Credit, which must include a minimum of 5 years of Future Service Credit;
- 3) He worked in Covered Employment for at least 435-hours in the 24-month period that immediately preceded the date that he was found to be disabled by the U.S. Social Security Administration;
- 4) He has not at any time performed any work in the Sheet Metal Industry that was not covered by a collective bargaining agreement between the Union and the employer. (It should be noted that the Plan provides an opportunity to restore eligibility); and
- 5) **The Participant has not attained age 55.**

The monthly amount of a Full Disability Benefit that becomes effective on or after January 2008 will be equal to the monthly amount of an early retirement pension that the Participant would have been eligible to receive if he were age 55 on the effective date.

To restate, a Full Disability Benefit requires that you submit a copy of your approval for Social Security Disability Insurance benefits, from the U.S. Social Security Administration. **The Award must be included with this application.**