



## SHEET METAL WORKERS' NATIONAL PENSION FUND APPLICATION & INSTRUCTIONS

You can use these forms to get an estimate of your potential benefits *or* to apply for a benefit. If you are applying for a benefit, *please* submit this application 3 to 6 months *before* your intended retirement effective date. PLEASE PRINT ALL INFORMATION.

Follow these instructions **carefully and completely** to avoid delays in processing your benefit or providing a benefit estimate.

1. Read and respond to each applicable section or question. All requested information is necessary to process your application and to determine the maximum amount of service and benefits for which you may qualify. If a section or question does not apply, please mark it "N/A" for not applicable.
2. Along with your application, you must provide legible copies of proof of age (for you and your spouse - see page 8) and any Qualified Domestic Relations Order(s) (if divorced or legally separated). To expedite the processing of your application, you may also wish to include proof of your marriage, your spouse's age, and evidence of your disability (if applicable).
3. If you are considering a Husband & Wife Option and your spouse's name on the Birth Certificate varies from the Marriage Certificate, additional documentation will be required.
4. **Remember to sign and date this application.**
5. If there are misrepresentations in your application, you may jeopardize your benefit payment.

Once the Fund receives your complete application and required documents, we will send an acknowledgement letter. If you do not receive an acknowledgement within 30 days of mailing the application, contact the Fund office. Please note that the *earliest* effective date for your benefit will be the first of the month following receipt of your application.

The information in your application will be confirmed through Fund records, the Sheet Metal Workers' International Association, Local Union records, the Social Security Administration and other sources. You will receive a written statement of our findings on your eligibility and benefit amounts. You may question or challenge our findings.

If you apply and are eligible for benefits, you will receive ***benefit options*** listing the amounts payable to you, your spouse, or other designated beneficiary. Whenever possible, the Fund sends this information approximately 3 weeks prior to your effective date. You must select a payment option and complete and return several additional forms before your benefit can begin. Once you become eligible for Medicare benefits, you should contact the Fund office for information on the Fund's supplemental insurance subsidy.

If your claim is denied in whole or in part, you will be sent an explanation of the reason for denial. You can appeal a denial. To appeal, you must ***write*** the Fund office within 180 days of receipt of your denial, and request that your case be considered at the next available Appeals Committee meeting.

**PLEASE MAIL YOUR COMPLETED APPLICATION WITH ATTACHMENTS TO –**

SHEET METAL WORKERS' NATIONAL PENSION FUND  
601 NORTH FAIRFAX STREET, SUITE 500  
ALEXANDRIA, VA 22314

If you have any questions about the National Pension Fund or this application, you may call the Fund's toll free number, **1-800-231-4622**, or visit us on the World Wide Web at **<http://www.smwnpf.org>**.



**SHEET METAL WORKERS' NATIONAL PENSION FUND  
601 NORTH FAIRFAX STREET, SUITE 500  
ALEXANDRIA, VA 22314**

**CHECK ONE OF THE FOLLOWING:**

- I WANT AN ESTIMATE OF POTENTIAL BENEFITS  
 I WANT TO APPLY FOR A BENEFIT. I REQUEST AN EFFECTIVE DATE of RETIREMENT OF \_\_\_\_\_

*(If you are applying for a disability benefit - you must complete page 4)*

**PERSONAL DATA**

NAME \_\_\_\_\_ LOCAL UNION # \_\_\_\_\_  
(First) (Middle) (Last)

SOCIAL SECURITY # \_\_\_\_\_ I.A. MEMBERSHIP # \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Number) (Street)  
 \_\_\_\_\_  
(City) (State) (Zip Code)

PHONE # ( ) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ (Attach proof. See page 8)

CURRENT MARITAL STATUS: (check one)  MARRIED  SINGLE

**If applicable, you must submit a copy of any Qualified Domestic Relation Order(s) (QDRO)**

SPOUSE'S DATE OF BIRTH \_\_\_\_\_ (Attach proof. See page 8)

SPOUSE'S NAME \_\_\_\_\_ SPOUSE'S SOCIAL SECURITY # \_\_\_\_\_

**WORK HISTORY INFORMATION**

Your last day of work was/will be: \_\_\_\_\_

Name of present or last employer: \_\_\_\_\_

**Union Membership:** List below all of the sheet metal local unions of which you have been a member.

DATES OF MEMBERSHIP		LOCAL NUMBER	ADDRESS OF LOCAL UNION
FROM MONTH/YEAR	TO MONTH/YEAR		



**WORK HISTORY INFORMATION** (Continued)

List below any Local Union affiliated with the Sheet Metal Workers' International Association out of which you worked under a permit, as an applicant, or *apprentice*. **If available**, provide a copy of your Apprenticeship Certificate.

DATES OF MEMBERSHIP		LOCAL NUMBER	CLASSIFICATION(S)
FROM MONTH/YEAR	TO MONTH/YEAR		

List below all sheet metal work you performed *before* you joined a local union.

DATES OF EMPLOYMENT		LOCAL NUMBER	NAME AND ADDRESS OF EMPLOYER(S)
FROM MONTH/YEAR	TO MONTH/YEAR		

**Military Service** – Military service can sometimes count towards pension credit. List below the dates in which you served on *active* duty in the U.S. Armed Services and attach a photocopy of your form DD-214 or other documentation.

ACTIVE DUTY DATES: FROM: _____ TO: _____
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Periods of disability may help avoid a break in service. Provide the following data if applicable.

DATES OF DISABILITY		DESCRIPTION OF DISABILITY
FROM MONTH/YEAR	TO MONTH/YEAR	

**Vesting Service** - Work for a Contributing Employer in management or other position - not covered by a Collective Bargaining Agreement - might count for vesting (special rules apply). List below any such work.

DATES OF EMPLOYMENT		NAME OF EMPLOYER / ADDRESS
FROM MONTH/YEAR	TO MONTH/YEAR	

**Non-covered Sheet Metal Service** is any work (with or without the tools) for a company doing sheet metal work, which does not have a Collective Bargaining Agreement between the Union and the employer. List below any such work.

DATES OF EMPLOYMENT		NAME OF EMPLOYER / ADDRESS
FROM MONTH/YEAR	TO MONTH/YEAR	



## **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.**

## **DESIGNATION OF BENEFICIARY**

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

Name of Primary Beneficiary: \_\_\_\_\_

Relationship: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address of Primary Beneficiary: \_\_\_\_\_  
(Number) (Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Name of Successor Beneficiary: \_\_\_\_\_

Relationship: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address of Successor Beneficiary: \_\_\_\_\_  
(Number) (Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

If you wish to name additional beneficiaries, use an additional piece of paper listing the above information. Be sure to indicate if the designation is Primary or Successor beneficiary.

## **CERTIFICATION, SIGNATURE AND DATE – By my signature, I certify that:**

- ◆ I have read the instructions to this application and completed it to the best of my knowledge information and belief.
- ◆ I understand that my eligibility for benefits and the amount of my benefits are based on the accuracy of this application and other material and information I have provided to the Fund.
- ◆ ALL of the statements found in this application and in any other material I have submitted to the Fund are complete and accurate.
- ◆ The Trustees have the right to recover any payments made to me in error, or payments made because of any false or incorrect statements -- whether deliberate, or by accident, mistake or misunderstanding.
- ◆ I must notify the Pension Fund office of any change in my personal, marital or employment status.
- ◆ I agree to be bound by all Plan Rules and Regulations as a condition of receipt of benefits.

\_\_\_\_\_  
Signature of Applicant

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

**AUTHORIZATION TO OBTAIN EARNINGS DATA FROM THE  
SOCIAL SECURITY ADMINISTRATION**

Social Security Administration  
Attention: DERO  
300 N. Greene Street  
Baltimore, Maryland 21201

Requesting Organization: Job No. 8279ZF  
Name and Address:

SHEET METAL WORKERS' NAT'L. PENSION FUND  
ATTN: PENSION BENEFITS  
EDWARD F. CARLOUGH PLAZA  
601 NORTH FAIRFAX STREET, SUITE 500  
ALEXANDRIA, VIRGINIA 22314-2075

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Other Last Name(s), Such as  
Maiden Name, Used to Report  
Your/or the Deceased's Earnings \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_  
(if applicable)

Please furnish the requesting organization shown above, or its designees, an itemized statement of all amounts of earnings reported to my record, or to the record identified above, for the periods specified by that organization, and the identification numbers, names, and addresses of the reporting employers.

<b><u>TO BE COMPLETED BY OFFICIAL REQUESTING ORGANIZATION ONLY</u></b>	
Periods Requested: _____	through _____
Signature of Organization Official _____	
Telephone Number: <u>703-739-7000</u>	FAX Number: <u>703-739-7836</u>

I am the individual to whom the record/information applies or that person's parent (if a minor) or legal guardian, or a person who is authorized to sign on behalf of the individual to whom the record/information applies. I know that if I make any representation, which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Address/Telephone Number of  
Social Security Number Holder \_\_\_\_\_  
(or Authorized Representative) \_\_\_\_\_

Relationship (if other than SSN holder) \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Social Security Number Holder  
(or Authorized Representative)

\_\_\_\_\_  
Your Name: (Please Print)

Form SSA-581 (3-00) (Replaces SSA-598)  
Destroy all prior editions of both forms

See reverse for Privacy Act Statement

## **PRIVACY ACT STATEMENT:**

Section 205 (c) (2) (A) of the Social Security Act allows us to ask for the information you give us on this form. The information is needed so that the Social Security Administration can quickly identify your record or the record of the deceased individual who is the subject of a request you are making and prepare the earnings statement you want. You do not have to give us this information. However, without the information we may not be able to process your request. The information you provide will be used primarily for issuing the earnings statement you request. The information you provide may be given out if a Federal law requires that we give out the information; if a Congressman or the President's office needs this information to answer questions you ask them; or the Department of Justice needs the information for investigating or prosecuting violations of the Social Security Act.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information about you may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

## **PAPERWORK REDUCTION ACT STATEMENT**

The **Paperwork Reduction Act of 1995** requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 2 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.

## PROOF OF AGE

You must furnish proof of age using one of the documents listed below. You must attach a copy of your proof of age to your application. A copy of your birth certificate is the best proof. The higher a type of proof appears on the list, the better it is.

For instance, if you have or can readily obtain a birth certificate, submit it rather than a baptismal certificate or a statement of birth date shown by a church record. If you cannot obtain either of these proofs, go to item number 3. If you don't have item 3, go to item 4, and so on down the list. Don't pick an item lower on the list if a higher item is available. Additional proof of age may be requested if the document that you submit is not convincing proof.

1. A birth certificate.
2. A baptismal certificate or a statement as to the birth date shown by a church record and certified by the custodian of such records.
3. Notification of registration of birth in a public registry of vital statistics.
4. Certification of record of age by the U.S. Census Bureau.
5. Hospital birth record, certified by the custodian of such records.
6. A Medicare card or Certificate of Social Security Insurance Award, if age or birth date is shown.
7. A foreign church or government record.
8. A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
9. Naturalization record.
10. Immigration papers.
11. Military record
12. Passport
13. School record, certified by the custodian of such records.
14. Vaccination record, certified by the custodian of such records.
15. Marriage records showing date of birth or age certified by the custodian of such records.
16. Other evidence such as notarized statements from persons who have knowledge of the date of birth.

**FEMALE PARTICIPANTS** - If you are applying under your married name, we will require both proof of birth and proof of change of name from your maiden name to your present surname. A copy of your marriage certificate is generally sufficient proof of change of name.