

**WESTCHESTER PUTNAM COUNTIES HEAVY & HIGHWAY LABORERS
BENEFIT FUNDS
PENSION – WELFARE – ANNUITY – LEGAL – TRAINING
LOCAL 60**

Union Trustees
Anthony Ascencao
Michael Moreira
Jacinto Fragoso

**140 BROADWAY
HAWTHORNE, N.Y. 10532
Tel: (914) 769-2440
Fax: (914) 769-4023**

Employer Trustees
John Cooney Jr.
George Pacchiana

APPLICATION FOR PENSION

I hereby apply to the Board of Trustees for a Pension:

MY NAME IS _____

MY ADDRESS IS _____

MY TELEPHONE NUMBER IS _____

MY DATE OF BIRTH IS _____ **(Proof of age must be submitted ie drivers license)**

MY UNION BOOK NUMBER IS _____

MY SOCIAL SECURITY NUMBER IS _____ **(Copy of SS card must be submitted)**

MARTIAL STATUS: Never Married Married Widow Separated/Divorced*

* Date of separation/divorce *(Copy of Dissolution Decree and Qualified Domestic Relations order must be submitted)

MY SPOUSE'S NAME IS _____ **(Copy of marriage certificate must be submitted)**

MY SPOUSE'S DATE OF BIRTH IS _____ I HAVE BEEN MARRIED FOR _____ YEARS

I PLAN TO RETIRE ON _____

TYPE OF RETIREMENT FOR WHICH YOU ARE APPLYING: (check one)

Normal Early Reduced Early Unreduced Deferred Reciprocal

ESTIMATED MONTHLY PENSION: _____

ESTIMATED MONTHLY PENSION WITH 50% JOINT & SURVIVOR OPTION: _____

ESTIMATED MONTHLY PENSION WITH 75% JOINT & SURVIVOR OPTION: _____

I agree to notify the Trustees of the Pension Fund in writing whenever I return to work in the industry. I also agree that Pension payments are to be governed in all aspects by the provisions of the Pension Plan, or as the same may hereafter be amended; and that the making of any Pension payment and its acceptance by me shall not prevent the Trustees from recovering or otherwise affect their right to recover any payment to me in excess of the amount of which I am entitled under the provisions of the Plan, no shall the making of any Pension payments to me obligate the Trustees in any way to make any further payments in any amount whatsoever except as the same may be provided by the Plan, as it may from time to time be amended.

SIGNATURE OF APPLICANT: _____

DATE: _____

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ELECTION FORM

To The Board of Trustees

I have been furnished with a general explanation of the circumstances in which a Joint and Survivor Pension will be provided and the financial effect on my pension of such election. **CHECK ONE**

_____ I DO NOT WISH TO BE COVERED BY JOINT AND SURVIVOR PENSION WITH MY SPOUSE (HUSBAND AND WIFE PENSION).

_____ I WANT TO BE COVERED BY THE **50%** JOINT AND SURVIVOR PENSION WITH MY SPOUSE (HUSBAND AND WIFE PENSION). I UNDERSTAND THAT THERE WILL BE AN ACTUARIAL REDUCTION IN MY RETIREMENT BENEFIT DEPENDING UPON MY AGE AND THE AGE OF MY SPOUSE ON THE EFFECTIVE DATE OF MY RETIREMENT.

_____ I WANT TO BE COVERED BY THE **75%** JOINT AND SURVIVOR PENSION WITH MY SPOUSE (HUSBAND AND WIFE PENSION). I UNDERSTAND THAT THERE WILL BE AN ACTUARIAL REDUCTION IN MY RETIREMENT BENEFIT DEPENDING UPON MY AGE AND THE AGE OF MY SPOUSE ON THE EFFECTIVE DATE OF MY RETIREMENT.

Note: if Joint and Survivor pension is checked, please submit proof of your spouses' date of birth and a copy of the marriage certificate.

Pensioners' Name

Pensioners' Signature

Spouses' Name

Spouses' Signature

Date of Marriage

An election not to take Joint and Survivor Pension will only be effective if the Spouse consents to it in writing and it is witnessed by a notary public.

Signature of Notary Public

Date Signed

THIS ELECTION IS IRREVOCABLE AFTER THE EXPIRATION OF 90 DAYS FROM THE DATE OF APPLICATION OR UNTIL THE FIRST CHECK IS CASHED, WHICHEVER IS LATER.

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DIRECT DEPOSIT AUTHORIZATION

I hereby authorize local 60 Pension Fund to direct deposit my monthly pension benefit check into my bank account. I have provided Local 60 with my account information.

Pensioners' Name

Pensioners' Address

Social Security Number

Pensioners' Signature

Date

_____ Checking Account _____ Savings Account

Bank Name _____

Account Number _____

Routing Number _____

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FEDERAL INCOME TAX WITHHOLDING ELECTION FORM

CHECK ONE

- A. _____ **I DO NOT** WANT TO HAVE FEDERAL INCOME TAX WITHHELD FROM MY MONTHLY PENSION BENEFIT. (Pensions over \$1,680 fill out W-4P)
- B. _____ **I DO** WANT TO HAVE FEDERAL INCOME TAX WITHHELD FROM MY MONTHLY PENSION BENEFITS. PLEASE FILL OUT AN IRS FORM (W-4P) SO THAT I MAY INDICATE MY EXEMPTIONS.

Pensioners' Name

Pensioners' Signature

Social Security Number

Date

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RETIREMENT AGREEMENT

NAME _____

SOCIAL SECURITY # _____ - _____ - _____

BOOK# _____

I, _____ RESPECTFULLY REQUEST THAT MY MEMBERSHIP STATUS IN LABORERS' LOCAL 60 BE CHANGED FROM ACTIVE TO RETIRED AS OF THE

EFFECTIVE DATE _____.

_____ I WISH TO CONFIRM MY INTENTION TO RETAIN AN AFFILIATION WITH LABORERS' LOCAL 60 IN A RETIRED STATURE, REFLECTING THAT I WILLFULLY BE OBLIGATED TO **PAY \$8 RETIREE MONTHLY DUES** AS SET FORTH BY LABORERS' INTERNATIONAL UNION OF NORTH AMERICA, COMMENCING ON THE DATE REGISTERED ABOVE.

_____ I DO NOT INTEND TO RETAIN AN AFFILIATION WITH LABORERS' LOCAL 60, THEREFORE I WILL NOT CONTINUE PAYING MY MONTHLY DUES AS A RETIREE.

MEMBERS' SIGNATURE: _____ DATE: _____

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COBRA ELECTION FORM

CHECK ONE

A _____ **I DO NOT** WANT TO ELECT COBRA

B _____ **I DO** WANT TO ELECT COBRA AND WILL COMPLETE THE APPLICATION

Pensioners' Name

Pensioners' Signature

Social Security Number

Date