

# UNITED INDUSTRIAL WORKERS PENSION PLAN

5201 Capital Gateway Drive ■ Camp Springs, MD 20746 ■ P: (800) 252-4674 (Option 2) ■ F: (301) 702-6074 ■ [www.uiwunion.org](http://www.uiwunion.org)

## PENSION APPLICATION

This application is for a Participant in the United Industrial Workers Pension Plan ("Plan") applying for a benefit. Complete Sections 1 - 3 as they apply to you. Section 4 of the application must be signed by you in the presence of a Notary Public or witnessed by an authorized UIW/Plan Representative. Complete and return the application by: email: [pensions@seafarers.org](mailto:pensions@seafarers.org); fax: (301) 702-6074; or mail: Pension Department, 5201 Capital Gateway Drive, Camp Springs, MD 20746

### 1 Participant's Information

You must sign Section 4 in the presence of a Notary Public or witnessed by an authorized UIW/Plan Representative:

- Copy of Birth Certification Required
- Copy of Social Security Card or ITIN Required
- Copy Military Service Support Documents Required, if applicable

Full Name (First, Middle Initial, Last)

XXX-XX-

Social Security Number

Date of Birth

Age

Mailing Address

City

State

Zip Code

Cell Phone Number

Home Phone Number

Email

First and Last Day of Employment

### 2 Marital Status

Single

Married

- Copy of Spouse's Birth Certification Required
- Copy of Spouse's Social Security Card or ITIN Required
- Copy of Marriage Certificate Required

Spouse's Full Name (First, Middle Initial, Last)

XXX-XX-

Social Security Number

Date of Birth

Age

Mailing Address (if different)

City

State

Zip Code

Cell Phone Number

Home Phone Number

Email

Divorced

- Copy of Divorce Decree / QDRO Required
- Copy of QDRO Required

Widow(er)

- Copy of Spouse's Death Certificate Required

### 3 Pension Type

Normal

- You must be age 65 or older
- You must have a minimum of 25 years of benefit service with at least 1,800 hours of service in each year, as defined by Plan Rules.

Deferred Vested

- You must be age 65 or older
- You must have at least one (1) day of service after January 1, 1999 and a minimum of 5 years of service with at least 1,000 hours of service in each year **OR**
- You must have at least one (1) day of service after January 1, 1976 and a minimum of 10 years of service with at least 1,000 hours of service in each year.

Early Retirement

- You must be age 62 and older
- You must have a minimum of 15 years of benefit service with at least 1,800 hours of service in each year.

Disability

- You must have a minimum of 15 years of benefit service with at least 1,800 hours of service in each year.
- Social Security Administration's Disability Award Letter Required **OR**
- Disability Determination by the Board of Trustees of the United Industrial Workers Pension Plan.

### Does someone else legally act on your behalf?

If someone else is legally authorized to act on your behalf, please provide the required documents and the following information for him or her:

- Copy of Power of Attorney (POA) Required **OR**
- Copy of Letter of Guardianship Required

POA or Guardian's Full Name (First, Middle Initial, Last)

Relationship

Mailing Address

City

State

Zip Code

Cell Phone Number

Home Phone Number

Email

**IMPORTANT NOTE:** If there has been a change in your marital status or designated beneficiary, update your information with the Plan immediately. You may request the United Industrial Workers Pension Plan's beneficiary form by calling (800) 252-4674 (Option 2), you can also find it online at [www.uiwunion.org](http://www.uiwunion.org) under UIW Forms, or at your local port.

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**PENSION APPLICATION**

**4 Participant's Signature - Retirement Declaration**

If I continued to work past normal retirement age, I understand that my benefits were suspended, and I will not be eligible to receive retroactive benefits from the Plan.

I hereby certify that as of the effective date of my pension that I have completely withdrawn from any covered employment under a Collective Bargaining Agreement with the United Industrial, Service, Transportation, Professional and Government Workers of North America and at the present time, I have no intention to return to such employment in the future.

Notwithstanding the paragraph above, I am aware that if I return to covered employment for a period of more than 40 hours during any calendar month that my pension will be suspended, and I will not be paid pension benefits during the period that I was employed. In the event that I wish to return to covered employment in the future, I must first request approval in writing from the Board of Trustees of the United Industrial Workers Pension Plan.

Furthermore, I understand that the Board of Trustees has the authority to enforce the withdrawal provisions contained in this Declaration. I agree as a condition of receiving continued benefits, I will cooperate with any Plan investigation and provide copies of relevant earnings documentation or records if requested to do so.

If I am receiving a Disability pension benefit, I have been determined to be totally and permanently disabled in order to be eligible for the disability benefit. In the event that my condition improves, and I no longer meet the criteria of being totally and permanently disabled that my benefits from the Plan may terminate. I may be required to submit to a physical examination in the future if requested by the Trustees.

The withdrawal provisions herein do not apply to those pensioners receiving mandatory pension benefits, who were required under the Plan Rules to commence their benefits effective April 1<sup>st</sup> following the year that they reached age 70 ½.

I certify that the information that I have provided on this application is true and correct and I recognize that the United Industrial Workers Pension Plan will rely on the information for benefit eligibility purposes. I understand if I knowingly provided false or misleading information, I may be guilty of a criminal offense.

\_\_\_\_\_  
Participant's Signature

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

**THIS SECTION MUST BE COMPLETED BY A NOTARY PUBLIC OR AN AUTHORIZED UIW/PLAN REPRESENTATIVE**

State of: \_\_\_\_\_ County of: \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, the undersigned,  
Day Month Year Notary Public or UIW/Plan Representative's Name

personally appeared \_\_\_\_\_, satisfactorily proven to be the person named in and personally signed, sealed, and  
Participant's Name  
delivered this Pension Application as his or her act and deed.

\_\_\_\_\_  
Notary Public's or UIW/Plan Representative's Signature

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