



North Atlantic States Carpenters
Pension Fund

Long Island Office
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Phone: (631) 952-9700
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Fax: (631) 952-9813
www.carpentersfund.org

Dear Participant:

Enclosed is Part I of your Pension Benefit Application from the North Atlantic States Carpenters Pension Fund ("Fund"). You must complete Part I and return it to the Fund office before we can begin processing your request for pension benefits. Once we receive a completed Part I, the Fund office will send you the remaining documents, including Part II, which must be completed. No benefit payments will be made under the Plan until the Fund office receives all your completed documents.

Part I asks for information about you, your employment history and your marital status. Please complete each question with as much information as you can provide, and include any documentation that is required. Please read the instructions for submitting proof of age with the application. Submit the best proof available to you, in accordance with the instructions.

It is important for you to be aware that the **Pension application process may take four (4) months or more**, as we must calculate the Pension Benefit in the Fund office and then contact several third parties to verify information. Therefore, your cooperation in providing the necessary documents in a timely fashion will avoid further delay.

If you have any questions regarding the Pension Benefit Application, please contact the Fund office.

Sincerely,

North Atlantic States Carpenters
Pension Department

**THE FOLLOWING DOCUMENTS MUST BE SUBMITTED
WITH YOUR PENSION APPLICATION TO THE FUND OFFICE**

1. Proof of Age (see below)
2. Social Security Disability Award, if applying for a Disability Pension
3. Proof of Age for Spouse
4. Proof of Marriage
5. Military Discharge Papers (if applicable)

PROOF OF AGE

In order to be eligible for retirement benefits, you are required to produce proof of age. The following is a list of the documents that may serve as proof of your age. Some documents are more convincing proof than others. This list is arranged starting with the best type of proof, and going down to the less desirable types of documents. It is recognized that in some cases a birth certificate will not be available, particularly for those who were born outside of the United States. In that case, you should secure the next best type of proof available. Additional proof of age may be required if the document you submit is not convincing proof. Photostatic copies are acceptable. If you do not have any of the documents shown on the list below, write to the Pension Fund office for guidance about other ways of proving your age.

1. A Birth Certificate
2. A Baptismal Certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such records.
3. Passport.
4. Certification of record of age by the U.S. Census Bureau.
5. Hospital birth records, certified by the custodian of such record.
6. A foreign church or government record.
7. A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
8. Naturalization records
9. Immigration papers
10. Military records
11. School records, certified by the custodian of such record.
12. Vaccination records, certified by the custodian of such record
13. Marriage records showing date of birth (application for marriage license or church record, certified by the custodian of such record); or marriage certificate.

North Atlantic States Carpenters Pension Fund
PENSION APPLICATION

Part I

Instructions:

Please read this application carefully before answering any questions. Please print or type your answers except where your signature is required. If there is any part of the application that you do not understand, you should contact the Fund Office for assistance. Answer only those questions which apply to you.

All capitalized terms in this Benefit Application have the same meaning as in the Fund's Summary Plan Description, unless otherwise noted.

PERSONAL DATA

1. Name: _____

2. Address: _____

3. Telephone #: Home _____ Cell _____

4. Email Address: _____

5. Social Security Number: _____

6. Date of Birth: _____ 7. Original Local _____

8. Place of Birth: _____
(City) (State) (Country)

9. Intended Pension Start Date: _____ / _____ / _____
*Month * Day Year*
*** Must be the 1st of the month**

10. Last Day worked or intend to work in the trade: _____

11. Type of Pension applying for:

_____ Regular Pension	_____ Disability Pension
_____ Early Retirement Pension	_____ Pro-Rata
_____ Vested Pension	_____ Other: _____

12. Military Service:

a. Have you ever served in the Armed Forces of the United States? Yes _____ No _____

If yes, indicate: From _____ to _____ Branch _____

b. Did you receive an Honorable Discharge? Yes _____ No _____
(attach photo static copy of separation papers)

13. When did you first join the United Brotherhood of Carpenters and Joiners of America? _____

14. List below all OUTSIDE jurisdictions under which you may have Contributions that were made to another Pension Fund. **For example: New York City, Connecticut, Pennsylvania, New Jersey, etc.**

OUTSIDE JURISDICTION	Period of Employment	
	Year	Year

15. List periods in which you worked for an employer listed in question 14 in a job classification not covered by a collective bargaining agreement.

16. DISABILITY PENSION

Complete only if you are applying for a Disability Pension:

a. Nature of your disability: _____

b. Date you first became disabled: _____

c. Name and address of your doctor: _____

- d. Did your disability result directly from bodily injury or disease incurred while you were employed as a carpenter on a job, which was under a collective bargaining agreement with the Union?

Yes _____ No _____

If yes, attach award from Workers' Compensation Board

e. Have you applied for Social Security Disability Benefits: Yes _____ No _____

If yes, date of application: _____

ATTACH A COPY OF THE SOCIAL SECURITY NOTICE OF AWARD

17. Marital Status (please mark the choice that applies to your current marital status)

_____ I have never been married.

_____ I am legally separated from my spouse (attach a copy of your separation decree and/or other documents establishing your separation).

_____ I am divorced (attach divorce decree). **Should the Judgment of Divorce cite any additional documents it is IMPERATIVE that they be submitted i.e. Separation Agreement, Stipulation Agreement, and/or the Findings, Facts and Conclusions of the Law. If the information IS NOT submitted there will be a delay in the processing of your benefit.**

_____ I am unable to locate my spouse. (The Fund Office will contact you for more information.)

_____ I am a widow/widower (attach a copy of the death certificate).

_____ I am married (attach a copy of your marriage license).

If you marry between the time you submit this application and your pension start date, you must contact the Fund Office.

If you are currently married, please complete the following AND provide the requested documentation:

Name of Spouse: _____

Spouse's Social Security Number. _____

Spouse Birth Date: _____
(attach copy of birth certificate)

Date of Marriage: _____
(attach copy of marriage certificate)

Place of Marriage: _____

If you are currently married, have you ever been divorced: Yes No (circle one)

If "Yes", a copy of the Judgment of Divorce and any additional documents referenced in your Judgment must be submitted for review. Otherwise, it will delay the processing of your benefit.

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I certify that the statements made by me in this Application are true to the best of my knowledge and belief. I understand that a false statement may cause loss of benefits and that the North Atlantic States Carpenters Pension Fund has the right to recover any payments made to me in reliance upon such false statement. I certify that there is no Qualified Domestic Relations Order that applies to my benefit that I have not already provided to the Fund Office.

Sign: _____
(Signature of Applicant)

Date: _____