

**MICHIGAN ELECTRICAL EMPLOYEES' PENSION FUND  
REQUEST FOR APPLICATION FORM**

**To: BOARD OF TRUSTEES  
MICHIGAN ELECTRICAL EMPLOYEES' PENSION FUND  
6525 CENTURION DRIVE  
LANSING, MI 48917-9275**

I hereby request a Pension Application form so that I might apply for:

**Normal Retirement Benefits  
Early Retirement Benefits  
Unreduced Early Retirement Benefits  
Deferred Vested Benefits**

Requested Retirement Date (first day of the month): \_\_\_\_\_

**IMPORTANT NOTE: Retirement Benefits are effective on the latest of: (a) the first day of the month after your completed Pension Application is received by the Fund Office (This Request for Application is not your Pension Application) (b) the requested retirement date on your Pension Application, or (c) the date you actually Retire. If the application and all personal data required are received prior to the fifteenth (15<sup>th</sup>) day of the month and otherwise meet the eligibility requirements, Retirement Benefits shall commence as of the first day of that month, if received after the 15<sup>th</sup> Benefits will commence on the first day of the following month. In order to allow sufficient time to process your request, it is suggested that you return this form well before your requested retirement date. (This Request for Application is not your Pension Application)**

If you are totally and permanently disabled, please indicate the date you became disabled: \_\_\_\_\_

I hereby submit the following personal information (Please print clearly or type):

Your Name: \_\_\_\_\_  
(Full Legal Name – First, Middle and Last Names, as applicable)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Your Address: \_\_\_\_\_  
(Complete Physical Address)

\_\_\_\_\_  
(Provide additional address information here, if necessary)

Telephone Number: \_\_\_\_\_

Current Local Union No. (if any): \_\_\_\_\_

If you have had any contributions made in your behalf to another Pension Fund covering employees represented by the International Brotherhood of Electrical Workers, please complete the following (attach additional sheets, if needed):

Name of Fund: \_\_\_\_\_ Location: \_\_\_\_\_

Local Union No.: \_\_\_\_\_ Years: \_\_\_\_\_

Name of Fund: \_\_\_\_\_ Location: \_\_\_\_\_

Local Union No.: \_\_\_\_\_ Years: \_\_\_\_\_

**LAST EMPLOYER**

On \_\_\_\_\_ I intend to retire and remain unemployed or return to work only in a position in another trade, craft and/or industry for someone other than a contributing Employer.

**Under the terms of the Plan and Federal Law, in order to retire and be eligible for a benefit from the Fund, you must stop all work for any contributing Employer, even if you are doing non-covered work, and stop all work at any craft or in any industry included within the Jurisdiction of the Union, regardless of who your employer is or whether you are self-employed.**

**You must retire with the intention of remaining unemployed or returning to work only in a position in another trade, craft and/or industry for someone other than a contributing Employer. If you return to work shortly after you retire, it will be evidence that you did not intend to and did not actually retire.**

Name of last contributing Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

The last date worked or expected to work for that Employer: \_\_\_\_\_

**MARITAL HISTORY**

Please indicate your marital status, where applicable:

Married, number of times \_\_\_\_\_  
Legally Separated \_\_\_\_\_  
Divorced, number of times \_\_\_\_\_  
Widowed \_\_\_\_\_  
Single \_\_\_\_\_

If currently married, please provide the following:

Spouse's Name: \_\_\_\_\_ (Full Legal Name – First, Middle and Last Names, as applicable)

Spouse's Social Security Number: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_

**CONTIGUOUS NON-COVERED EMPLOYMENT**

The Plan provides that after August 1, 1976, employment you may have had with a contributing Employer(s) for which no pension contributions were required on your behalf may, under certain conditions, be considered for vesting purposes if you are less than 100% vested and to maintain your active status under the Plan. If you have ever worked in such a capacity, please complete the following:

I worked in contiguous non-covered employment.

<b><u>Name of Employer</u></b>	<b><u>Period Worked</u></b>	<b><u>Capacity</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I did not work in contiguous non-covered employment.

**CREDIT FOR UNIFORMED SERVICE FOR THE UNITED STATES**

Under the terms of the Plan and Federal Law, you may be credited with Hours of Service and accrued Credit Years for the period of your service in the Armed Forces or other uniformed service for the United States, if you meet the following requirements:

1. You served in the Armed Forces or other uniformed services of the United States for five years or less, unless your service was extended by the government; and,
2. You resumed work as an Employee covered by this Plan within 12 months of the date of your discharge under honorable conditions, unless you were prevented from resuming employment within 12 months of discharge because of an illness or injury you incurred during or aggravated by your service in the Armed Forces or other uniformed service of the United States.

**PLEASE CHECK THE BOX THAT APPLIES TO YOU:**

I **served** in the Armed Forces or other uniformed service for the United States and I meet both of the above requirements.

Date of entry \_\_\_\_\_ Date of discharge \_\_\_\_\_

**You must submit a copy of your honorable discharge from military service or civilian service discharge papers with this Request for Application.**

I **did not serve** in the Armed Forces or other uniformed service for the United States **or** I served in the Armed Forces or other uniformed service for the United States, but I do not meet both requirements.

**CREDIT FOR OTHER EMPLOYMENT**

The Plan provides that employment you may have had with any of the following Employers for which no pension contributions were required on your behalf may, under certain conditions, be considered for vesting purposes if you are less than 100% vested and to maintain your active status under the Plan:

- International Brotherhood of Electrical Workers, A.F.L.-C.I.O.
- Building and Construction Trades Council
- Central Labor Body
- State or Federal Department of Labor
- American Federation of Labor-Congress of Industrial Organizations (A.F.L.-C.I.O), or any Department of the A.F.L.-C.I.O.
- National Electrical Contractors Association (N.E.C.A.), or any of its Chapters operating in the geographical jurisdiction of this Pension Fund.

If you have ever worked in such a capacity, please complete the following:

I worked in such employment.

<b><u>Name of Employer</u></b>	<b><u>Period Worked</u></b>	<b><u>Capacity</u></b>

I did not work in such employment.

Please return this completed form and all required attachments (see below) to the attention of the Board of Trustees, Michigan Electrical Employees' Pension Fund at 6525 Centurion Drive, Lansing, Michigan 48917-9275.

1. **Proof of Birth (See the last page of this form for acceptable proofs)**
2. **Spouse's Proof of Birth (See the last page of this form for acceptable proofs)**
3. **Marriage Certificate or Licenses**
4. **Death Certificate(s) of any late or former spouse(s)**
5. **All Judgments of Divorce, Separation Agreements and/or Qualified Domestic Relations Order(s) (including Property Settlement Agreements and any similar or related orders with any attachments) (If you provide a copy of the docket report for your divorce case(s), the review required by the Fund can be significantly expedited.)**
6. **If you have ever served in the military or other uniformed services of the United States, please submit a copy of your honorable discharge from military service or civilian service discharge papers.**

### **CERTIFICATION**

I hereby certify that all the information furnished by me on this form is to the best of my belief and knowledge, true and complete. I understand that this completed form will be attached to and made part of my Application for Benefits and that, when I do submit such Application, I must also submit acceptable proof of my age and, if I am then married, proof of my spouse's age, as well as a copy of my marriage license or certificate. I also understand that, if I am divorced, I must submit a complete copy or copies of my Judgment(s) of Divorce and/or Qualified Domestic Relations Order(s) (including Separation Agreements, Property Settlement Agreements and any similar or related orders with any attachments) and/or the death certificate(s) of any late spouse(s) or former spouse(s).

I further understand that any material misrepresentation of such as my marital status constitutes fraud and may result in a complete loss of my pension benefit.

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Signature of Participant

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Date Signed

## Acceptable Proof of Birth/Age

In order to be eligible for retirement benefits, you are required to produce proof of your birth/age. The following is a list of the documents that may serve as proof of your birth/age. Some of these documents are better proof than others. The list is arranged starting with the best type of proof, and going down to the less desirable types of documents. You are required to furnish the best type of proof that is available. You do not have to furnish the original of any of these documents; you may submit a photocopy.

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 record.
3. Notification of registration of birth in a public registry of vital statistics.
4. Hospital birth record, certified by a custodian of such record.
5. A foreign church or government record.
6. A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
7. Naturalization record.
8. Immigration papers.
9. Military record.
10. Passport.
11. School record, certified by the custodian of such record.
12. Vaccination record, certified by the custodian of such record.
13. An insurance policy which shows your age or date of birth.
14. Marriage records showing date of birth or age (applications for marriage license or church record, certified by the custodian of such record; or marriage certificate).
15. Document showing approval of Social Security Pension.
16. Other evidence, such as signed statements from persons who have knowledge of the date of birth, voting records, poll-tax receipts, driver's license, etc.