

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

TO: Board of Trustees
MICHIGAN ELECTRICAL EMPLOYEES' PENSION FUND
6525 Centurion Drive
Lansing, Michigan 48917-9275

I hereby request an Application Form so that I might apply for:

- ____ Normal Retirement Benefits
- ____ Early Retirement Benefits
- ____ Commencement of Deferred Vested Benefits
- ____ Disability Retirement Benefits

to be effective _____ 1, 20 _____.
(Month) (Year)

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

Name: First Middle Last

Social Security Number:

Address: Street

City State Zip Code

Date of Birth: Phone Number:

Current Local Union No. (if any) Initiation Date into that Local:

For Disability Retirement Benefits Applicants Only:

If you are applying for Disability Retirement Benefits, please indicate the date that you were deemed totally and permanently disabled by your physician. Date: _____.

If you have filed for or will be filing for Social Security Disability Benefits, please indicate the date on which a) you will be filing your application. Date: _____. **or**
b) you filed your application. Date: _____.

If you have filed your application and the Social Security Administration has approved your application, please indicate the date on which you received approval of that application. Date: _____. Please also indicate the effective date of the Social Security Disability Benefits award. Date: _____. Please attach a copy of that award.

If you have had contributions made on your behalf to another Pension Fund covering employees represented by the International Brotherhood of Electrical Workers, please complete the following:

Name of Fund: Location:

Local Union #:

Year(s):

The last date worked or expected to work before retirement: _____

(If date is not completed, we will assume that you will continue to work through the month immediately preceding the effective date you indicated above.)

Name of last Contributing Employer:

Phone Number:

Please indicate your marital status, where applicable:

- _____ Single
- _____ Married, number of times _____
- _____ Divorced, number of times _____ or widowed _____

If currently married, please indicate the following:

Spouse's Name:	First	Middle	Last
Spouse's Social Security Number:		Spouse's Date of Birth:	
Married on:	Month	Date	Year

CONTIGUOUS NON-COVERED EMPLOYMENT
 (Complete only if applicable)

Under the provisions of the Plan, employment you may have had with a contributing employer or employers in a capacity other than one, which required that contributions be made to the Fund on your behalf may, under certain conditions, be considered for vesting purposes if you are otherwise less than 100% vested. This is called "continuous non-covered employment" and is subject to verification. If, at any time since September 1, 1976, you worked in such a capacity, please complete the following:

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

CERTIFICATION

I hereby certify that all of the information furnished by me on this Request for Application Form is, to the best of my belief and knowledge, true and complete. I understand that this completed Request Form will be attached to and become part of my Application for Benefits Form 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 photocopy of my Marriage License or Certificate. I also understand that if I am divorced, I must submit a copy of my Judgment(s) of Divorce or Divorce Decree(s) with all attachments, and, if I am widowed, I must submit a copy of my deceased spouse's Death Certificate.

Signature of Participant

Date

10/2001Rev.