



JOINT BOARDS OF LOCAL UNION No. 164
International Brotherhood of Electrical Workers

65 WEST CENTURY ROAD
PHONE: (201) 225-1641

PARAMUS, NJ 07652
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Pension Application

INSTRUCTIONS:

1. This application must be submitted **at least three months** prior to your effective date of retirement.
2. Please read each question carefully.
3. TAB through the form to complete each question, or click in the field you wish to enter. Alternately, you may **print out the blank form** and print all information.
4. Be sure to answer all applicable questions. This will avoid delay in having your application processed.
5. Be sure to **sign** and **date** the application before returning it to the Fund Office.
6. Attach additional sheets if you need more space to answer any questions.

PERSONAL DATA:

Name		
Last	First	Middle
Address		
City	State	Zip
Social Security No.	Date of Birth	
Local Union No. <small>(use your home local union number)</small>	Card No.	

TYPE OF PENSION:

If eligible, I want to retire on a (check one):

Regular Pension Early Pension Deferred Pension Disability Pension

Last day you worked or plan to work _____ (use last working day of month)

What is your intended date of retirement _____ (use first day of month)

DISABILITY PENSION: (if applicable, complete all questions)

If you are not yet 60 years of age and are applying for a Disability Pension, state:

Date you first became disabled _____

Nature of your disability _____

What is the name of the doctor, or doctors who have treated you?

Address: _____

Have you worked at all, at any occupation, since you became disabled?

Yes No

If "Yes" describe work and periods of employment. _____

Have you applied for a Social Security Disability Pension? Yes No

If yes, have you received a decision on you application as yet? Yes No

If yes, has it been approved or rejected? Approved Rejected

If it has been approved, please attach a copy of your Social Security Award to this application.

I.B.E.W. HISTORY:

Give the date you first joined the I.B.E.W. _____ / _____ / _____
Month Day Year

(If you are not a member of Local Union #164, please submit proof in the form of a letter from the International Office.)

Since you first joined the I.B.E.W., have there been any periods where you withdrew membership? Yes No

If "Yes", state when and explain why: From _____ to _____

UNION HISTORY:

Give the date you first worked under Local 164 contracts _____ / _____ / _____
Month Day Year

Since you first worked under Local 164 contracts, have there been any periods when you were not employed under Local 164 contracts membership? Yes No

From _____ to _____
