

Cement Masons & Plasterers Trust Funds

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Administered by
Welfare & Pension Administration Service, Inc.

APPLICATION FOR RETIREMENT

Please print or type the following information:

1. Name _____ 2. Social Security No. _____
 3. Mailing Address _____ City & State _____ Zip Code _____
 4. Union Local # _____ 5. Home Phone #(_____) _____ 6. Birth Date* _____

Cell Phone # (_____) _____ ***NOTE: Please attach a copy of your state issued Birth Certificate.**

7. Type of Retirement for which you are applying: (check one)
 Normal Special Early Early Disability
 *If you are electing early retirement with the intention of converting to a disability retirement upon Social Security approval, please ensure you advise the administration office, and complete supplemental form.

8. Marital Status (past and present):
 Never Married Married Widowed Separated Divorced – Date of Separation/Divorce** _____
****If your marriage(s) was dissolved after December 31, 1984, your election of benefits may be subject to the rights of a prior spouse. You are required to attach a complete copy of each of your prior dissolution decree(s) and property settlement agreement(s) and/or Qualified Domestic Relations Order(s). The copies must show the document was filed with the court and signed by the judge.**

9. If currently married, please enter spouse's name, birth date and social security number:
 Name _____ Birth Date _____ Social Security No. _____

10. Name of Beneficiary: _____ Relationship _____

11. Address of Beneficiary: _____

12. Name and address of most recent employer in the industry: _____
 _____ Last day worked: _____

Name and address of current employer (if different from above): _____
 _____ My last date of employment was/or will be: _____

If you are working in WA and plan to retire while still employed, you must submit a current detailed job description.

Have you at any time been an owner, partner, corporate officer or otherwise involved in the management of any business while covered by an Operative Plasterers and/or Cement Masons International Association Union contract? Yes No
 If you replied yes, please provide the information requested below and additional information may be requested:

Position of Ownership or Management	Name & Address of Business

13. List all local unions in which you have held membership or under whose jurisdiction you have worked in the industry.

Local Union No.	City and State	Dates of Membership			
		From		To	
		Month	Year	Month	Year

14. In accordance with the terms of the Plan, I hereby request that my _____ retirement (Normal, Special Early, Early or Disability) be effective _____. I agree to furnish any information which the Trustees may require for the determination of my eligibility for a benefit or the amount thereof. **(Unless otherwise stated in the Plan document, your retirement effective date will be the first day of the month following the date your application is received).**

15. I understand that this application can be cancelled by my written request any time prior to the retirement date indicated above. I have fully read and understand the information furnished in the Cement Masons and Plasterers Retirement Plan booklet.

Witness

Member Signature

Address of Witness

Date

SEE REVERSE SIDE

CERTIFICATION OF EARLY RETIREMENT (for participants under age 63)

To be deemed retired and qualified for Special Early or Early Retirement benefits, a participant must separate and completely refrain from all employment with a contributing plan employer, regardless of whether the employment is covered by a Collective Bargaining Agreement.

*I understand the above stated rule and agree that **if any hours are worked in the month I elect to retire; I will not be deemed retired and my retirement effective date will be changed to the first day of the month in which no hours are worked.***

Signature

Date

RE-EMPLOYMENT AFTER RETIREMENT RULES (for ALL participants)

Under the Plan, you are required to notify the Trust Office if you return to "post-retirement service." Post-retirement service means employment:

1. within the State of Washington;
2. in an industry in which Employees earning Credited Service are employed, whether or not such employment is under the terms of the Collective Bargaining Agreement or associate agreement, or in a supervisory capacity over such job classifications; and
3. in a trade or craft in which the Employee was employed while earning Credited Service, or in a supervisory capacity over such trade or craft.

Retirees age 63 or over may return to post-retirement service for 350 hours in a Plan Year (April through March) without a suspension of monthly retirement benefits. Thereafter, retirement payments are suspended for any month in which the retiree works more than 40½ hours in post-retirement service.

Retirees under age 63 may return to work for a **maximum of 500 hours each Plan Year** after a period of retirement of not less than 30 days. If a retiree is employed for one or more hours in any Plan Year after completing 500 hours, retirement payments are suspended for any month in which the retiree works in post-retirement service, **and for an additional six months thereafter.**

I understand the above stated rules regarding Reemployment After Retirement the Cement Masons and Plasterers Retirement Plan. I will notify your office **immediately** if I return to work in employment, which is or may be considered prohibited.

Signature

Date

DOCUMENTS ACCEPTABLE AS PROOF OF AGE (See Note.)

A) **A copy of one of the following documents will be acceptable as proof of age:**

1. Birth Certificate
2. Baptismal Certificate

B) **If neither of the preceding are available, copies of any TWO of the following may be submitted:**

1. U.S. Census Report (at least 20 years old)
2. Passport (may not be photocopied)
3. Naturalization or Immigration Papers (may not be photocopied)
4. State issued Drivers License
5. Family Bible Entries
6. Life Insurance Policies (at least 10 years old)
7. Marriage License or Application
8. Early School Records
9. Military Records
10. Civil Service Records
11. Children's Birth Certificates
12. Written Certification from Social Security
13. Written Certification of Union Local

NOTE: All documentation submitted as proof of age must clearly show your age in order to be acceptable. Also, if the name shown on the document differs from the present name, a copy of the court order or other document recording the name change should be submitted for identification purposes.