



**Union Membership History:**

Local Union # \_\_\_\_\_ Location/City & State \_\_\_\_\_

Dates of Union membership From \_\_\_\_\_ To \_\_\_\_\_

What other Laborers' Local Unions have you belonged to: Check here if none

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Local Union # Location/City & State Dates of Union membership

Are you receiving or eligible to receive pension benefits from other pension plans due to your employment as a laborer?  Yes  No If "yes", provide name of Plan \_\_\_\_\_

Name of current or most recent employer \_\_\_\_\_

The last day I worked was or will be \_\_\_\_\_

*I hereby apply for a Pension from the Central Laborers' Pension Fund and certify that all statements in this application are true and accurate to the best of my knowledge and belief. If a Pension is awarded to me, I agree to be bound by all of the Rules and Regulations of the Pension Fund. I understand that in the event of an overpayment of my pension benefits, the Trustees are entitled to recover any amounts overpaid to me. Also, if no information appears in the spouse's section above, I certify that I am not married.*

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Applicant**

Application should be submitted three (3) to six (6) months prior to the date on which Pension payments, if approved, are to begin. No retroactive payments will be made other than as provided for by the Plan Rules. You will be advised if any additional information is required, and you will be notified in writing of the decision made by the Board of Trustees regarding your application.

**CENTRAL LABORERS' PENSION FUND**  
**PROOF OF AGE**

In applying for benefits, the Fund office needs to receive proof of your age as well as your spouse's age (if married). The following list shows the type of documents that may be submitted. Some documents are preferred over others, and the list is arranged in order of preference.

Please furnish the best type of proof of age that is available. Additional proof may be required if the document you submit cannot be accepted. Photocopies of the documents may be submitted.

**NOTE:** Naturalization Papers, United States Passports and Immigration Papers may not be photocopied. If any of these documents are the only proof of age you have, please submit the original document and it will be returned to you.

1. Birth Certificate
2. A baptismal certificate or 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 public registry of vital statistics
4. Hospital birth record, certified by custodian of such record
5. A foreign church or government record
6. A signed statement by a physician or midwife who was in attendance at birth, as to the date of birth shown on their records
7. Naturalization Records
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 has been in force at least ten (10) years and which shows the date of birth
14. Marriage records showing date of birth (application for Marriage License or church record, certified by the custodian of such record, or Marriage Certificate)
15. Other evidence such as signed statements from persons who have knowledge of the date of birth, voting record, etc.
16. Certification of record of birth by the United States Census Bureau
17. Illinois (or other state) REAL ID with Gold Star Designation (standard ID or driver's license cannot be accepted)

**PROOF OF MARRIAGE:** A photocopy of your Marriage License will be accepted; however, it is preferred that you submit the original. A copy will be made and the original will be returned to you.

**MILITARY SERVICE:** If you have served in the Armed Forces of the United States, please submit a copy of your discharge documents.

# CENTRAL LABORERS' PENSION AND ANNUITY FUNDS

## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

**YOUR ENTITLEMENT TO CERTAIN BENEFITS AS A RESULT OF YOUR MEMBERSHIP IN YOUR LOCAL UNION OR AS A PARTICIPANT IN OTHER FRINGE BENEFIT FUNDS MAY DEPEND ON YOUR STATUS WITH THE CENTRAL LABORERS' PENSION AND ANNUITY FUNDS. THIS AUTHORIZATION PERMITS THE DISCLOSURE OF PERSONAL INFORMATION TO YOUR LOCAL UNION AND/OR DISTRICT COUNCIL AND FRINGE BENEFIT FUNDS.**

### SECTION A – PARTICIPANT INFORMATION

Print Name: \_\_\_\_\_

Social Security # \_\_\_\_\_

### SECTION B – DEFINITION OF PERSONAL INFORMATION

I understand that "Personal Information" is information that includes my name, address, Social Security number, telephone numbers, email address, earnings/tax records, eligibility status, benefit history, and amounts and/or value of benefits, and I hereby authorize the Pension and/or Annuity Funds to disclose such Personal Information to my Local Union, affiliated District Council, and any Fringe Benefit Fund in which I participate (including as an example only, the North Central Illinois Laborers' Health and Welfare Fund, Southern Illinois Laborers' and Employers Health and Welfare Fund, and other applicable funds).

### SECTION C – PARTICIPANT'S ACKNOWLEDGMENT AND SIGNATURE

I hereby acknowledge that I have had an opportunity to read and consider the contents of this authorization, and I understand that, by signing this form, I am confirming my approval and authorization of the use and/or disclosure of my Personal Information, as described in this form. I further acknowledge that my signature on this Authorization is voluntary and that if I refuse to sign this form it will not affect my benefits under the Plan. I understand that I have a right to revoke this Authorization, but any such revocation must be in writing and will only be effective when received by Fund Office.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_