Central Laborers' Pension Fund
PO Box 1267 ◆ Jacksonville, IL 62651-1267
Phone 217-479-3600 or 800-252-6571

App#

Application for Retirement

1. Please read each question carefully.
2. Print all information.
3. Please answer all applicable questions and provide the necessary documents to avoid delay in processing your application.
4. Attach additional pages if you need more space to answer any questions.
5. **Be sure to sign and date this application.**
6. The application must be received by the Fund office at least three (3) months prior to the first month in which your pension is to begin.
7. Mail the completed application and documentation to the address shown above.

Application For:
- ☐ Regular Pension
- ☐ Service Pension
- ☐ Early Retirement Pension
- ☐ Reciprocal Pension
- ☐ Pre-Retirement Surviving Spouse
- ☐ Normal Retirement Age Pension
- ☐ Deferred Pension
- ☐ Vested Status*
- ☐ Qualified Domestic Relations Order

Level Income Option: ☐ Yes ☐ No If "yes", provide the document that outlines your Social Security estimate.

Personal Information:

Name_____ Date of birth**_____
(last) (first) (middle) Month/Day/Year

Address _____
(number and street) (city) (state) (zip code)

Telephone Number _____ Date you intend to retire_____
Month/Day/Year

Social Security Number _____ Union Membership Number _____

Are you married: ☐ Yes ☐ No (If "yes", complete the following)

Spouse's name_____ Spouse's SSN _____

Spouse's date of birth **_____Date of marriage ** _____
Month/Day/Year Month/Day/Year

Are you considering or currently in the process of obtaining a divorce: ☐ Yes ☐ No
Were you previously married and divorced: ☐ Yes ☐ No
If "yes", please provide a complete, certified copy of the Divorce Decree, Property/Marital Settlement Agreement, and (if applicable) Qualified Domestic Relations Order.

Have you ever served in the armed forces of the United States? ☐ Yes ☐ No

_____ _____ _____
Branch of Service Date Entered Date of Discharge or Separation**

*Check the "vested status" blank only if you wish a determination as to whether or not you will be entitled to a pension from the Fund at some time in the future. If you are applying for a pension at this time, select the area of the pension type for which you are making application.

**Submit proof – See attached instructions

(Continued on reverse side; your signature is required)

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 age or date of birth
14. Marriage records showing date of birth or age (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 age by the United States Census Bureau
17. Illinois 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.

PROOF OF DIVORCE: Your complete certified divorce records for all former spouses, including all Orders of the Court (adequate waiver of claim language or an award of benefits to an alternate payee per a Qualified Domestic Relations Order is required).

MILITARY SERVICE: If you have served in the Armed Forces of the United States, please submit a photocopy 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: _____