

Fox Valley and Vicinity Construction Workers Pension Fund
915 National Pkwy, Suite F, Schaumburg, IL 60173, Toll Free (888) 454-1298 Fax 847-519-1979

Pension Application

Please read all instructions carefully. Print your answer to all questions. Your application should be submitted 90 days in advance of the first month for which pension payments, if approved, are to begin.

Name: _____ Home Telephone No.: _____
(Last) (First) (Middle Initial) () ()
Cell Telephone No: _____ () ()

Address: _____
(Street) (City) (State) (Zip Code)

Social Security Number: _____ Date of Birth: _____
(Submit a copy of your birth certificate as proof of your age, or if not available,
contact the Plan Office for other acceptable proofs of your age.)

Date you last stopped working _____ Expected Pension Effective Date: _____
for a contributing employer: (month/day/year) (month/day/year)

Type of Pension Application (please check one box):

- Vested Benefit - Estimate Only.
- Normal Pension.
- Early Pension.
- Disability Pension. Check this box, if you applied for Social Security Disability
Please contact the Pension Fund Office for further information and forms.

Marital Information

Are you married? No Yes (If yes, please complete the following)

Spouse's Name Spouse's Social Security Number

Spouse's Date of Birth Date of Marriage

Have you ever been divorced? No Yes [You must include a copy of the court signed divorce decree, in particular the division of marital property the "Marital Settlement Agreement" for specifics contact the Plan office]

Is your benefit subject to a domestic relations order? No Yes [You must include a copy of the order (if not previously provided)]

Please turn over and complete the remaining portion of the application

Employment Information

List all Unions for whom you have worked in the industry, or at a job covered by a collective bargaining agreement of a Local Union affiliated with the your Trade and show the dates of such employment (attach additional sheet if needed).

Local Union Number	Start Date	Term Date	Job Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been unable to work because of illness or injury? No Yes (If yes, complete the following)

Date from	Date through
_____	_____
_____	_____
_____	_____

Have any contributions been made by an employer on your behalf to another pension plan that has reciprocity with this Fund.

No Yes If yes, Name of plan: _____

Do you understand that if and when you are awarded a benefit, you cannot work in disqualifying employment in the same industry, trade, craft or geographical area of the Fund for 40 or more hours per month without incurring a suspension of your benefit?

Yes, I understand.

Have you been in the military service of the United States (including periods of duty in the reserves and the annual two-week training session)? No Yes (If yes, please complete the following information and provide a copy of your discharge papers).

Start Date	End Date
_____	_____
_____	_____

Certification

I hereby represent that all of the information I have provided in this Pension Application is true and correct to the best of my knowledge and belief. I understand that a false statement on this Pension Application may disqualify me for pension benefits and that the Board of Trustees has the right to recover any payments made to me because of a false statement. I also understand that any willfully false statement in this Pension Application could be punished by fine and/or imprisonment.

Applicant's Signature

Date