



## PENSION APPLICATION

### Laborers Local No. 265 Pension Plan

800 Hillsdowne Road  
Westerville, OH 43081-3302  
[www.ohiolaborers.com](http://www.ohiolaborers.com)

Phone: (614) 898-9006  
(800) 236-6437  
Email: [pension@ohiolaborers.com](mailto:pension@ohiolaborers.com)

**TO APPLICANT: PLEASE READ THIS ENTIRE SECTION TO ENSURE YOUR APPLICATION IS PROCESSED AS QUICKLY AS POSSIBLE.** Complete all questions and print your answers and also sign and date page 4 of this application. Please submit with your application all requested documents to Ohio Laborers Benefits. Please review the list of needed documents below.

- A copy of your **state-issued Birth Certificate**
- A copy of your **spouse's state-issued Birth Certificate** (if married)
- A copy of your **state-issued Marriage Certificate** (if married)
- A copy of your court-executed **Divorce Decree(s)** – include all pages (if you are divorced)
- A copy of **Spouse's Death Certificate** (if widowed)

Additional Documentation may be required after the Benefits Office reviews your Application.

*If you have any questions regarding this form or how to complete it, please contact the Pension Department at one of the above telephone numbers. If you fail to answer a Yes or No question in this application, your answer will be deemed to be "No." **If you would like to meet with a representative from Ohio Laborers Benefits to assist you with the completion of this application or other retirement paperwork or to provide you with an explanation of benefit options, please contact a Benefits Counselor at one of the above telephone numbers.***

*If you qualify for pension benefits from this Plan, you will receive "election forms" which indicate all the benefit options available to you upon receipt of the completed application. **Ohio Laborers Benefits recommends you apply for pension benefits 90 days before you wish for your benefits to commence.***

#### Under current IRS rules:

- You have the right to a 30-day period following the date you are provided with these Instructions to decide whether to apply for payment of your pension and to decide what form of payment to elect for the payment of your pension (as discussed below). You may waive this right by filing the Application for Distribution of Benefits form within this 30-day period.
- You must be provided with these Instructions no earlier than 180 days before the effective date for the payment of your pension. As a result, if you do not file the Application for Distribution of Benefits form early enough to establish an effective date for the payment of your pension (which can only be the first day of a calendar month) that is within 180 days of the date you are provided with these Instructions, you will have to obtain another copy of these Instructions before you file the Application for Distribution of Benefits.

If you have any questions, feel free to contact the Pension Department at 800-236-6437 or email us at [pension@ohiolaborers.com](mailto:pension@ohiolaborers.com).

**PERSONAL DATA**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Number and Street) (City and State) (Zip Code)

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Please submit a copy of your state issued Birth Certificate.*

Email Address: \_\_\_\_\_ Local Union Number: \_\_\_\_\_

Marital Status (please circle one): **Married** **Never Married** **Divorced** **Widowed**

How many times have you been married (including current marriage if applicable): \_\_\_\_\_

**If currently married, please complete the following and submit a copy of your state issued Marriage Certificate and your spouse’s state issued Birth Certificate:**

Spouse’s Name: \_\_\_\_\_

Spouse’s Date of Birth: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Names of all previous spouses (if applicable): \_\_\_\_\_  
**Please submit a complete copy of your Divorce Decree (including Separation Agreement if applicable) or Death Certificate for each previous marriage.**

*If your or your spouse’s name on the Birth Certificate and Marriage Certificate do not match, you must also provide a Name Link. This generally occurs if the wife was married previously. A previous marriage certificate or child’s birth certificate from a previous marriage may all work as a Name Link if the maiden name is on the form. Or, you may complete a Name Affidavit, which you can request from Ohio Laborers Benefits.*

**EMPLOYMENT DATA & WORK HISTORY**

Year First Employed in the Construction Industry in this Plan’s Jurisdiction: \_\_\_\_\_

Last Date You Worked (or Plan to Work) as a Laborer: \_\_\_\_\_

Do you want to delay your Pension Effective Date (please circle one)? **Yes** **No**

If Yes, what month do you want your Pension Effective Date to be? \_\_\_\_\_

Do you have pension hours in another Laborers’ Pension Fund (please circle one)? **Yes** **No**

If Yes, list the Fund(s) or the State(s) and Local Union(s) in which you have hours: \_\_\_\_\_

\_\_\_\_\_

Have you served Active Duty with the U. S. Armed Forces (please circle one)? **Yes** **No**

If Yes, indicate your dates of service and **submit a copy of your DD214 form** if you labored both before and after your active duty: \_\_\_\_\_

## BENEFIT INFORMATION

Please check which type of Pension Benefit you wish to apply for at this time:

- (     ) **Normal/Late Retirement Benefit**
- (     ) **Early Retirement Benefit**
- (     ) **Disability Pension Benefit** *(please submit a copy of your Social Security Disability award letter)*

Please refer to your Laborers Local No. 265 Pension Plan Summary Plan Description or contact Ohio Laborers Benefits for the minimum requirements for each Pension Type.

## CERTIFICATION

Please read this section carefully and make sure you sign and date page 4.

### RULES ON EMPLOYMENT AFTER RETIREMENT

Laborers Local No. 265 Pension Plan is a tax qualified plan under the Internal Revenue Code (IRC). As a qualified plan, Laborers and their employers receive favorable tax treatment for contributions made to the Plan but must abide by all IRS rules and regulations. Current IRS rules prohibit the Plan from paying benefits to a participant unless the person has a legitimate separation of the employment relationship. This means there must be a good faith and complete termination of employment prior to the participant's retirement. If the IRS finds the Laborers Local No. 265 Pension Plan began paying a retirement benefit before the employee legitimately severed the employment relationship, there could be serious consequences for the Plan, the participants, and all contributing employers. **As a result, you cannot begin to draw your pension benefit if you continue actively working for an employer in the industry in any capacity within sixty (60) days following your retirement.** If the Board learns you have returned to work with an employer in the industry within sixty (60) days of your retirement, you will be required to justify to the Trustees that your retirement and subsequent return to work was not designed to accelerate benefit payments from the Plan. You could be required to pay back all retirement benefits received if the Board or the IRS discovers that you never actually separated from employment in the industry.

After 60 days following your retirement, the rules on employment after retirement change. At that time, disqualifying employment generally includes working in any job category included in the Collective Bargaining Agreement of the Union by a contributing Employer or with an Employer in the same business as any contributing employer. Disqualifying employment also includes self-Employment in the same business as a contributing employer or self-employment in a business that is or may be under the jurisdiction of the Union.

#### Working Restrictions Based on Age

Before Regular Retirement Age – A member's monthly pension benefit will be suspended for any month in which he/she works in Disqualifying Employment, regardless of how many hours he/she works. Even one hour of Disqualifying Employment before Regular Retirement Age will result in a suspended pension benefit. Additionally, the member's benefit will remain suspended for the first two (2) months following termination of re-employment.

After Regular Retirement Age – A member’s monthly pension benefit will be suspended for any month in which he/she works more than 40 hours in Disqualifying Employment. Working 40 hours or less of Disqualifying Employment in a month will not affect a member’s pension benefit.

Following your retirement, if you decide to seek employment with an employer in the industry you are subject to the Plan’s suspension of benefit rules described in the Summary Plan Description. If you begin to work with an employer in the industry, you must submit written notification to Ohio Laborers Benefits within 30 days of starting any such employment. If you are not sure if a particular employer is considered in this industry, please contact Ohio Laborers Benefits for a determination. Ohio Laborers Benefits may request reasonable information from you and/or your employer at any time to verify your employment.

**By affixing my signature to the bottom of this page, I hereby apply for a pension benefit from the Laborers Local No. 265 Pension Plan. I have read the certification in its entirety and am certifying that my separation of employment occurred on or will occur on the date as described on Page 3 of this Application and is or was a bona fide separation of employment. Furthermore, I understand that after I retire and wait the required period of severance as outlined above, if I decide to seek employment in the industry, I am subject to the Plan’s suspension of benefits rules as described in my Summary Plan Description (SPD). I also certify that I read the IRS rules on page 1 of this application and am waiving my right to a 30 day period to apply for my benefit and/or to decide which form of payment to elect for my pension benefit, if applicable.**

**I hereby authorize the Trustees of the Laborers Local No. 265 Pension Plan to examine any pertinent documents in regard to my earnings or employment during any calendar year following the effective date of my pension benefits. If applying for a Disability Pension Benefit, I hereby authorize the Laborers Local No. 265 Pension Plan to review pertinent Social Security Disability records to determine benefit eligibility.**

**I hereby authorize any other pension fund signatory to the LIUNA National Reciprocal Agreement to release any and all information regarding my pension benefits to the Laborers Local No. 265 Pension Plan.**

**The enclosed statements are true to the best of my knowledge and belief. I understand a false statement may disqualify me for pension benefits, and the Trustees shall have the right to recover any payment made to me because of a false statement.**

\_\_\_\_\_  
**Applicant’s Signature**

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