

ELECTRICIAN'S RETIREMENT FUND

50 CHARLES LINDBERGH BLVD

SUITE 207

UNIONDALE, NY 11553

Phone: 516-740-5413

Fax: 516-740-5414

email: eco@dickinsongrp.com

Dear Pensioner:

Your request for your pension benefits has been received at the Fund Office. Enclosed is the preliminary application.

Please fill out the information requested on the application and return it to the Fund Office. The first page of the application tells you what documentation we require to process your application.

When we receive the application back with the required documents, we will send you out another set of forms to be filled out and notarized. Upon completion of these forms, if you are awarded the benefits, you will receive a letter in the mail letting you know that you have been approved and the amount of your monthly benefit.

In addition, enclosed is a request for Social Security Earnings information form. Please sign where highlighted giving the fund authorization to request your work records from Social Security.

If you have any questions, please contact me at the number listed above.

Sincerely,

Elizabeth Copeland

Elizabeth Copeland
Fund Office Administrator

ELECTRICIAN'S RETIREMENT FUND
50 CHARLES LINDBERGH BOULEVARD
SUITE 207
UNIONDALE, NY 11553
516-740-5413

This is a Benefit Application Packet for the Electrician's Retirement Fund ("Fund" or "Plan"). You must complete, sign and date all relevant portions of the Application Packet, explained more fully below, and return it to the Fund Office before you may receive any benefits from this Fund.

Once the Fund Office receives your completed Benefit Application, you will be provided with an estimate of the benefit amounts that may be payable under the options that are available to you based on the information provided on your Application. You will also receive forms to complete regarding the form of benefit you wish to elect.

Included in this packet:

Benefit Application Form

All applicants must complete this Form. Please make sure that you have attached copies of all requested information, including proof of age and a copy of your marriage license or divorce decree, if applicable, or death certificate if widowed.

Notice of Joint & Survivor Option

This Form explains the Fund's 50% & 75% Joint & Survivor Option that applies to you if you are married. Please read it carefully.

Instructions to Retirement Applicant on Proof of Age

Please review this list before you submit any proof of age documents with your Application. Please note that if the proof submitted is below number 10 on the list, two forms of proof of age must be provided.

Authorization for Release of Employer Information- REQUIRED

In the event we need to verify service, service breaks, or medical leave it may be necessary to contact your contributing employer.

Form SSA 581 – Authorization to Obtain Earnings Data from the Social Security Administration

In the event we need to verify past service, it may be necessary to obtain earnings data from the Social Security Administration. Please complete the enclosed Form SSA 581 entitled "Authorization to Obtain Earnings Data from the Social Security Administration" and return the form to the Fund Office along with this Benefit Application Form.

Relative Value Form – Federal law requires that we provide you with information which will help you decide which benefit form to elect. If you wish additional information, please send a **written request** to the Fund Office.

Direct Deposit Authorization Form – Please complete this form and attach a canceled check or a check marked "VOID", if you wish to have your benefits deposited directly into your checking or savings account.

****Please contact the Fund Office if you are missing any of the forms above or if you do not understand any portion of the application.**

You must satisfy the eligibility requirements for one of the types of pensions under the Plan in order to receive a benefit. For a description of the types of pensions and other benefit provisions under the Fund's plan of benefits, please refer to the Summary Plan Description or the Plan document, which contain all the applicable rules regarding types of pensions and other provision under the Plan.

Office Use Only

Appl No. _____

Date Rec. _____

Date Effect. _____

Electrician's Retirement Fund

50 CHARLES LINDBERGH BLVD. STE. 207

UNIONDALE, NY 11553

516-740-5413

BENEFIT APPLICATION FORM

Please read this Application carefully and completely before answering any of the questions. If you do not understand any part of this Application, contact the Fund Office. Make sure that all relevant portions are completed in print, signed and dated.

A. Applicant Data

Name: _____
First Middle Initial Last Suffix (Jr., III, etc.)

Date of Birth _____ Social Security No. _____ - _____ - _____
(Attach Proof of Age - See Form 3 - Instructions)

MAILING Address _____
List P O Box or Street Address Apt #

_____ City State Zip Code + 4-digit code

Telephone No. (_____) _____

NOTE: For your protection, if you MOVE and FAIL to inform the Fund of your Change of Address Benefits will be SUSPENDED until a current address is received by the Fund.

Date You Wish to Retire: _____

List last date of employment in a job with an Employer who was required to contribute to the Fund:

Current Employer: _____

B. Marital Information (All Applicants Must Complete this Part)

If you are **married**, complete the following:

Spouse's Name _____

Spouse's Social Security Number _____

Spouse's Date of Birth _____ Date of Marriage _____
(Attach Proof of Age) (Attach Copy of Marriage License)

If you are **not married**, check one:

- I am not and have never been married.
- I was married but I am currently divorced. The date of my divorce is _____
(Attach divorce decree)
- I was married but I am now a widow/widower. My spouse died on _____
(Attach copy of Death Certificate)
- I am married but unable to locate my spouse.
(Please contact Fund Office regarding the documentation required if you checked this box.)

C. Employment Information (All Participants Must Complete this Part)

Starting with your most recent employer:
 List the names and addresses ***of all employers*** for whom you ever worked.
 Show job classifications and dates as exactly as possible.
 You may be entitled to credit for employment not covered by a collective bargaining agreement so be sure to include such employment information in your history.
 Please circle "Yes" or "No" to indicate whether a collective bargaining agreement was in place during your employment. (Attach additional sheets if you need more space.)
EMPLOYER'S ADDRESS AND PHONE NUMBER IS REQUIRED

Employer's Name	Job Classification	Under collective bargaining agreement?	Local #	FROM: MO/YR	TO: MO/YR
		Y or N			
		Y or N			
		Y or N			
		Y or N			
		Y or N			
		Y or N			
		Y or N			

*This information is REQUIRED for the Fund Office to properly calculate your pension credits.

D. Military Service - If you have served in the Armed Forces, you may be entitled to Pension/Vesting credit for this time. Fill in the date of your service below and enclose a photocopy of your discharge or separation papers.

Date Entered in Armed Forces

Date Discharged or Separated

E. Disability Retirement Applicants -ONLY-

(a) Date you were first unable to perform work for your employer: _____ (date)

(b) Nature of your disability _____

(c) Have you applied for Social Security Disability benefits? ___ Yes ___ No

If yes, have you received a decision on your application as yet? ___ Yes ___ No

If yes, has it been approved? ___ Yes ___ No

Submit a copy of a Social Security Disability Letter you have received from the Social Security Administration awarding or denying Social Security Disability benefits.

I. PARTICIPANT DECLARATION -

All Applicants must read and sign this part of the Application.

I understand, agree to, and make the following declarations:

I have read, completed, signed and dated all applicable forms in the Electrician’s Retirement Fund Application Packet.

If I collect any benefits from the Fund, I understand that such benefits are reportable for income tax purposes for me individually. I further understand that the Fund Office will issue me a copy of my reporting form filed by the Fund with the Internal Revenue Service.

Check One

- I am not subject to, or party to, a qualified domestic relations court order that applies to the payment or distribution of my benefits.
- I am subject to, or party to, a qualified domestic relations court order that applies to the payment or distribution of my benefits. (Copy of such qualified court order must be attached to this Application.)

All information and statements in this Application are true and correct. I understand that a false statement may disqualify me from entitlement to pension benefits, and that the Trustees shall have the right to recover any payments made to me because of a false statement.

Signature of Applicant **Date**

Signature of Witness **Date**

Mail completed application to:

Electrician’s Retirement Fund
50 CHARLES LINDBERGH BLVD. STE. 207
UNIONDALE, NY 11553
516-740-5413

All Applicants must complete this form for each employer listed in Section C

Electrician's Retirement Fund

Release of Information from Employer

I, _____, do hereby authorize my employer listed below, to release all pertinent information (medical or other) as required to the Electrician's Retirement Fund in connection with my Application for a Pension Benefit from said Fund:

Employer: _____

Employer

Street Address

City

State

Zip code

Participant's Signature

Social Security Number

Date

Notary Required

Sworn and subscribed to before me this ____ day of _____, 200_.

Notary Public

My commission expires: _____

Electrician's Retirement Fund

NOTICE OF JOINT & SURVIVOR OPTION

Under this Plan, your benefit will be paid as a Joint & Survivor Pension (the Joint & Survivor Option) if you are married when you retire, unless you and your spouse reject this form of payment. This type of pension provides for a lifetime monthly benefit paid to the Pensioner. When the Pensioner dies, the spouse then begins to receive a lifetime pension equal to his or her portion of the amount that was elected to be paid when the Pensioner was alive. Election of the Joint & Survivor Option will reduce the monthly payments you would otherwise have received as a Pensioner.

You may elect, in writing, not to receive benefits in the form of the Joint & Survivor Option, provided you do so during the 90-day period before your benefit payments begin. In order to receive a benefit unreduced for the Joint & Survivor Option or to receive another form of benefit, your spouse **MUST** consent to your election in writing. Waiver and Consent Forms will be provided along with your benefit estimate.

It is important that you understand your rights and obligations regarding the Joint & Survivor Option form of payment. You should direct any questions to the Fund Office.

If you and your spouse reject the Joint & Survivor Option, your pension will then be paid in the form of a single life annuity. Under the single life annuity, a higher amount is paid to the Pensioner while living, but no lifetime pension is payable to the spouse after the Pensioner's death.



INSTRUCTIONS TO APPLICANT REGARDING PROOF OF AGE

One of the types of proof of age listed below must be furnished. Proof as high in order on the list as possible should be submitted because such proof is generally more convincing. For instance, if you have or can readily obtain a birth certificate, it should be submitted rather than a baptismal certificate or a statement of birth shown by a church record. If you do not have any of these proofs, or they are not readily obtainable, try to submit the proof listed next in order, rather than one low on the list. Additional proof of age may be requested if the document which you submit is not convincing proof. Therefore, it is to your advantage to furnish a document which is high in order of preference on the list. ***Please attach a photostatic copy of the proof of age to your Application.*** However, you are cautioned that naturalization papers, United States passports, and immigration papers may not be a photocopy. If any of these are the only proof of age you have, submit the original and it will be returned.

1. A birth certificate
 2. A Baptismal Certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such records
 3. Notification of registration of birth in a public registry of vital statistics
 4. A hospital birth record, certified by the custodian of such records
 5. Certification of record of age by U. S. Census Bureau
 6. A foreign church or government record
 7. A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records
 8. A naturalization record (*A photocopy not permitted; submit original.*)
 9. Immigration papers (*A photocopy not permitted; submit original.*)
 10. A passport (*U.S. Passports may not be photocopied; submit original.*)
- **IF THE PROOF YOU SUBMIT IS BELOW NUMBER 10 ON THIS LIST, YOU ARE REQUIRED TO SUBMIT TWO PROOFS OF AGE.**
11. A military record
 12. A school record, certified by the custodian of such records
 13. A vaccination record, certified by the custodian of such records
 14. An insurance policy which shows the age or date of birth
 15. Marriage records showing the date of birth or age (application for a marriage license or church record, certified by the custodian of such records; or a marriage certificate)
 16. Other evidence such as signed statements from a person who have knowledge of the date of birth, voting records, poll-tax receipts, driver's license, children's birth record showing age of the applicant, etc.

AUTHORIZATION TO OBTAIN EARNINGS DATA FROM THE SOCIAL SECURITY ADMINISTRATION

Social Security Administration
Attention: DERO
300 N Greene Street
Baltimore MD 21290-0300

Requesting Organization: Job No. _____
Name and Address:

ELECTRICIAN'S RETIREMENT FUND
50 CHARLES LINDBERGH BLVD.
SUITE 207
UNIONDALE, NY 11553
516-740-5319

Name: _____
Please Print

Social Security Number: _____

Other Last Names(s), Such as
Maiden Name, Used to Report
Your/or the Deceased's Earnings:

Date of Birth: _____

Date of Death: _____
(if applicable)

Please furnish the requesting organization shown above, or its designees, an itemized statement of all amounts of earnings reported to my record, or to the record identified above, for the periods specified by that organization, and the identification numbers, names, and addresses of the reporting employers.

TO BE COMPLETED BY OFFICIAL OF REQUESTING ORGANIZATION ONLY

Periods Requested: _____ through _____

Signature of Organization Official: _____

Telephone Number: _____ Fax Number: _____

I am the individual to whom the record/information applies or that person's parent (if a minor) or legal guardian, or a person who is authorized to sign on behalf of the individual to whom the record/information applies. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Address/**DAYTIME** Telephone Number
Of Social Security Number Holder:
(or Authorized Representative)

Address
()
Area Code Number

Relationship:
(if other than SSN holder)

Natural or
Adoptive Parent

Legal
Guardian

Other (Specify)

Date Signed

Signature of Social Security Number Holder
(or Authorized Representative)

Your Name Please Print

PRIVACY ACT STATEMENT:

Section 205 (c)(2)(A) of the Social Security Act allows us to ask for the information you give us on this form. The information is needed so that the Social Security Administration can quickly identify your record or the record of the deceased individual who is the subject of a request you are making and prepare the earnings statement you want. You do not have to give us this information. However, without the information we may not be able to process your request. The information you provide will be used primarily for issuing the earnings statement you request. The information you provide may be given out if a Federal law requires that we give out the information; if a Congressman or the President's office needs this information to answer questions you ask them; or the Department of Justice needs the information for investigating or prosecuting violations of the Social Security Act.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information about you may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

PAPERWORK REDUCTION ACT STATEMENT

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 2 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.

CONSEQUENCES OF FAILING TO DEFER RECEIPT OF YOUR BENEFIT

Federal law requires that the Fund inform you of the consequences of electing to receive your benefits now instead of at a later date. Please refer to the information regarding the relative value of the optional forms of benefits described in the enclosed materials. In general, your monthly benefit will increase to reflect your older age if you elect to wait to receive your benefit. In addition, you should also review Sections 7 and 8 of the Fund's Summary Plan Description, which have provisions that explain how the amount of your pension benefit may be affected based on your age at your benefit commencement date.

RELATIVE VALUES

As required by federal law, this form will provide information to help you decide which benefit form to elect. As explained in more detail above, the forms of benefits available under the Plan are the Single Life Annuity, the 50% Joint and Survivor Annuity and the 75% Joint and Survivor Annuity. If you are not married, only the Single Life Annuity is available to you. The Fund has compared the total value of the Single Life Annuity and the 75% Joint and Survivor Annuity to the 50% Joint and Survivor Annuity by creating a formula using interest rates and average life expectancy assumptions to value these optional forms of benefits. The Fund has used an interest rate of 5.0% to compare the values. Through its analysis, the Fund has determined that the Single Life Annuity and the 75% Joint and Survivor Annuity are actuarially equivalent to the 50% Joint and Survivor Annuity. This means that the total value of the Single Life Annuity and the 75% Joint and Survivor is between 95% and 105% of the value of the 50% Joint and Survivor Annuity.

The Fund's analysis is not based on your specific situation. Rather, it is based on general assumptions about average life expectancy and age at retirement. The value of the amounts actually paid to you and your beneficiary under different options will depend on assumptions of how long you and your beneficiary will live, your age at retirement and the interest rate used for your benefit. Therefore, the values of your actual benefits may not be actuarially equivalent.

You may request specific personal information regarding the value of an optional form of benefit for which you are eligible by calling or writing the Fund Office. You may also request additional information regarding the assumptions used to calculate the value of the benefit options.

DIRECT DEPOSIT AUTHORIZATION FORM

NAME: _____ SOC. SEC. # _____ - _____ - _____

HOME ADDRESS: _____

City

State

Zip Code

TELEPHONE NUMBER: _____

NAME OF BANK: _____

ADDRESS OF BANK: _____

BANK ABA #: _____ BANK ACCOUNT #: _____

SAVINGS OR CHECKING (CHECK ONE ONLY)

Please attach a copy of a canceled check or a check marked VOID.

Until further notice from me, I hereby authorize the **Electrician's Retirement Fund** to deposit my Pension benefit in the account indicated above and charge my account for any amounts to which I am not entitled.

I further understand that should I close the above account, I must notify the Fund Office in writing at least one month in advance, and that failure to notify the Fund Office at least one month prior to closing the above account may cause my benefit payments to be delayed.

This direct deposit may be terminated by the **Electrician's Retirement Fund** or myself at any time.

SIGNATURE _____ DATE _____

YOUR SPOUSE'S SIGNATURE _____ DATE _____

(ONLY REQUIRED IF JOINT ACCOUNT IS MAINTAINED)

IMPORTANT: PLEASE MAKE SURE THE CHECK YOU ATTACH TO THIS FORM IS FOR THE ACCOUNT TO WHICH YOU WANT YOUR BENEFITS DEPOSITED.

ELECTRICIANS' RETIREMENT FUND
50 CHARLES LINDBERGH BLVD., SUITE 207
UNIONDALE, NY 11553

Tel: (516) 740-5413

eoc@dickinsongrp.com

Fax: (516) 740-5414

Affidavit

Under the rules of the Electrician's Retirement Fund, I understand that if I have attained Normal Retirement Age, my pension benefits are permanently suspended in any month in which I work 40 hours or more in Disqualifying Employment. Disqualifying Employment means works in the electrical industry, in the same trade or craft in which you worked while covered under the Plan and within the geographic area covered by this Plan at the time your benefits commenced or would have commenced but for your work in Disqualifying Employment.

In order to determine your eligibility for a pension benefit from the Fund, please provide the following information:

(LAST NAME) (FIRST NAME) (MIDDLE NAME)

(STREET ADDRESS) (APT. #) (CITY) (STATE) (ZIP)

SOCIAL SECURITY# _____ HOME PHONE # _____

Since the last date that you worked in employment covered by the Fund, please provide the following information for all work you performed in the electrical industry (name of employer, address of employer, hours worked per month, job title, a summary of job functions)

(Under the Plan, if you do not provide the number of hours you worked per month, the Fund will presume that you worked 40 hours.)

BY SIGNING THIS AFFIDAVIT, I SWEAR THAT ALL THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT. IF I MADE ANY FALSE STATEMENT HEREIN, I UNDERSTAND THAT I AM PERSONALLY LIABLE FOR ANY AND ALL BENEFITS DISTRIBUTED TO ME WHILE I AM INELIGIBLE. I UNDERSTAND THAT THE FUND HAS A RIGHT TO RECEIVE FULL REIMBURSEMENT FOR THESE AMOUNTS PAID TO ME, AS WELL AS ANY OTHER REMEDIES AVAILABLE TO THE FUND, TO THE FULLEST EXTENT OF THE LAW.

(SIGNATURE)

Subscribed and sworn to before me this _____ day of _____, 20_____

At _____

(CITY)

(STATE)

NOTARY SEAL

NOTARY PUBLIC _____

MY COMMISSION EXPIRES: _____