

UNITED FOOD AND COMMERCIAL WORKERS UNION AND PARTICIPATING FOOD INDUSTRY EMPLOYERS
 TRI-STATE PENSION PLAN

NOTICE TO FUND OFFICE OF DISABILITY

If you are disabled, please complete and return this form to notify the Fund Office of your disability.

<p>PARTICIPANT INFORMATION</p>	<p>Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Legally married (under federal law)</p> <p>Name: _____ S.S. Number: _____</p> <p>Telephone Number: _____ Sex: _____</p> <p>Address: _____ Street _____ City _____ State _____ Zip Code _____</p> <p>Date of Birth: _____ Date of Hire: _____</p> <p>Last Day of Work Was or Will Be: _____</p>
<p>SPOUSE INFORMATION (IF APPLICABLE)</p>	<p>Spouse Name: _____</p> <p>Spouse S.S.#: _____ Spouse DOB: _____</p> <p>If Different: Spouse's Telephone Number: _____</p> <p>Spouse's Address: _____ Street _____ City _____ State _____ Zip Code _____</p>
<p>DISABILITY INFORMATION</p>	<p>Date of disability _____</p> <p>Date of application to Social Security for disability benefits _____</p> <p>NOTE. If you are disabled but you have not yet received your Social Security disability award, file your application immediately to receive any other retirement benefits for which you may be eligible. If you are eligible for other retirement benefits, check the applicable box below. (This form is NOT your application for benefits. The Fund Office will send you an application for benefits.) Your pension will be switched to the disability pension <u>after</u> you send a copy of your Social Security disability award to the Fund Office.</p>
<p>PARTICIPANT ACKNOWLEDGMENT AND SIGNATURE</p>	<p>I acknowledge that:</p> <p><input type="checkbox"/> I have honestly represented my marital status, as indicated above;</p> <p><input type="checkbox"/> I will mail a copy of my Social Security disability award to the Trustees when I receive it;</p> <p><input type="checkbox"/> I will immediately notify the Trustees in writing, through the Fund Office, if I am no longer receiving Social Security disability benefits, or if I receive a lump sum settlement from Social Security relating to my disability, or if there is any other change in my disability status;</p> <p><input type="checkbox"/> I will supply evidence of my continuing receipt of Social Security disability benefits at any time (up to once annually) that it is requested by the Trustees; and</p> <p><input type="checkbox"/> I understand that if I fail to provide evidence of my continuing receipt of Social Security disability benefits within a reasonable time after it is requested by the Trustees, my disability benefits will be discontinued (subject to the Plan's claims and appeal procedure); and</p>

	<p><input type="checkbox"/> it is my responsibility to furnish the Trustees in writing, through the Fund Office, notice of any change in my address or the name(s) or address(es) of my spouse.</p> <p>NOTE: THIS IS NOT YOUR APPLICATION FOR BENEFITS. This form is for you to notify the Fund Office of certain facts concerning your disability. To receive disability benefits, you must submit an "Application for Retirement Benefits – Disability." <u>Your completion of this form does not mean that you are eligible for benefits from the Plan.</u> The Plan pays benefits only if you are eligible under the Plan.</p> <p>By signing this form, I certify, under penalty of perjury, that the information I have provided on this form is true, correct, and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts or documents may alter payment of my pension, and that the Plan has the right to recover any payments made in error.</p> <p>_____</p> <p>Signature of Participant _____ Date</p>
<p>WHERE TO RETURN FORM, AND IF YOU HAVE QUESTIONS</p>	<p><u>RETURN THIS FORM.</u> Please keep a copy of this form for your records and return the original to the following address:</p> <p style="text-align: center;">United Food and Commercial Workers Union and Participating Food Industry Employers Tri-State Pension Plan 3031B Walton Road Plymouth Meeting, PA 19462</p> <p><u>QUESTIONS.</u> If you have any questions about your benefits or about completing this form, please contact the Fund Office at the above address, or call the following:</p> <p style="text-align: center;">1 (866) 928-8329</p>

*Downloaded from the website.