

Fox Valley and Vicinity Construction Workers Pension Fund

(Formerly known as Lake County, Illinois Plasters and Cement Masons Pension Plan)

953 American Lane, Suite 100, Schaumburg, IL 60173

Toll Free (888)454-1298 Fax (847) 519-1979 - Email: foxvalleypension@groupadministrators.com

Pension Application

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

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Home Phone: _____ Email: _____

Cell Phone: _____ Social Security No.: _____ Date of Birth: _____

Date you last stopped working for a contributing employer: _____ Expected Pension Effective Date: _____

Please check the following box indicating if you have or have not worked for disqualifying employment, after the participants effective retirement date or normal retirement date:

- I have worked in disqualifying employment since I last stopped working for a contributing employer.
 I have not worked in disqualifying employment since I last stopped working for a contributing employer.

Type of Pension Application

- Vested Benefit – Estimate Only
 Normal Pension
 Early Pension (Prior to age 61 for Fox Valley or Prior to age 62 for Lake County)
 Disability Pension (Contact the Pension Fund Office for further information and forms.)

Marital Information

Are you married? NO YES If married, please complete the following information.

Spouse's Full Name: _____
Last First M.I.

Spouse's Social Security No.: _____ Spouse's Date of Birth: _____

- 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

Retiree Welfare Insurance Coverage (Retirement Only)

- I plan to obtain my Health Insurance outside of the Welfare Fund.
I elect to continue medical coverage under the Welfare Fund and deduct continued premiums from my monthly pension benefit.
I elect to continue medical cover under the Welfare Fund and submit self-payments for continued premiums.

Employment Information

List all the 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 your Trade. Show the dates of such employment. Attach additional sheets, if needed.

Table with 4 columns: LocalUnionNumber, StartDate, TermDate, JobTitle. Includes three rows of blank lines for data entry.

Have you ever been unable to work because of an injury? NO YES If yes, complete the following.

Table with 2 columns: DateFrom, DateThrough. Includes three rows of blank lines for data entry.

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

NO YES If yes, name of Plan:

Do you understand that if an 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 Yes, I understand.

Military Service

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.

Table with 2 columns: StartDate, EndDate. Includes three rows of blank lines for data entry.

Certification and Signature

I hereby represent that all of the information I have provided in the Pension Application is true and correct to my best 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 the Pension Application could be punished by fine and/or imprisonment.

Signature: Date: