



*Laborers' District Council*  
**Benefit Funds**

Reply to: 475 North 5<sup>th</sup> Street, Philadelphia, Pa 19123

Dear Participant:

We are pleased to enclose the Pension/Annuity Application you requested. When your eligibility has been determined we will notify you. If you have any questions or need assistance in filling out the enclosed application, please feel free to contact our Pension Processing department.

Please remember that you **MUST**:

1. Read each question carefully
2. Print all information
3. Answer all applicable questions
4. Attach additional pages if necessary
5. Sign application
6. Complete and return pages 2 through 8 (Failure to return any of these pages will slow processing of your claim. Please include a phone number where you can be reached.)
7. **MAIL COMPLETED APPLICATION AND ALL REQUIRED DOCUMENTS (i.e. marriage license; birth certificate; proof of age) TO THE ABOVE ADDRESS**

**FAILURE TO SIGN YOUR APPLICATION OR PROVIDE US WITH THE REQUIRED DOCUMENTS WILL RESULT IN ADDITIONAL DELAYS IN THE PROCESSING OF YOUR APPLICATION TO COMPLETION.(see page 7 "DID YOU")**



**Laborers' District Council**  
of the Metropolitan Area of  
Philadelphia and Vicinity

For Pension and Health and Welfare  
Fund Services, please call:  
Tel: **1-877-LABOR-77** or 215-765-2014  
**215-236-6700** or **215-765-4633**  
Fax: **215-236-1765**

For Education and Training/  
Apprenticeship Fund  
Services, please call:  
Tel: **610-524-0404**  
Fax: **610-524-6411**

For Prepaid Legal Fund Services,  
please call:  
Tel: **215-236-2800**  
Fax: **215-236-7431**

- Laborers' District Council  
Construction Industry  
Pension Fund
- ◆ Laborers' District Council  
Education and Training/  
Apprenticeship Fund
- Laborers' District Council  
Building and Construction  
Health and Welfare Fund
- ▲ Laborers' District Council  
Plasterer Tenders and Laborers'  
Health and Welfare Fund
- ★ Laborers' District Council  
Heavy and Highway  
Construction Health  
and Welfare Fund
- ❖ Laborers' District Council  
Prepaid Legal Fund

# IMPORTANT

Participants and beneficiaries applying for benefits from the Laborers' District Council Construction Industry Pension Fund are now required to provide a copy of their social security card with their application for benefits. If married, the participant's spouse must also provide a copy of their social security card. This does not apply to the spouse's of beneficiaries.

Your claim will not be processed until we have copies of your social security card and if applicable your spouse's.

To get a replacement card, you will need to:

- Complete an [Application For A Social Security Card](#) (Form SS-5);
- You can obtain Form SS-5 from our office, from your local Social Security office, online at [www.socialsecurity.gov](http://www.socialsecurity.gov) or by calling Social Security at 1-800-772-1213;
- **MAIL OR TAKE THE COMPLETED FORM TO A LOCAL SOCIAL SECURITY OFFICE.** Your local office is listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may also locate the nearest Social Security office on the Internet at <http://www.socialsecurity.gov>;

# LABORERS' DISTRICT COUNCIL CONSTRUCTION INDUSTRY PENSION FUND

475 North 5<sup>th</sup> Street, 2<sup>nd</sup> Floor • PHILADELPHIA, PA 19123  
(215) 765-2014 • FAX (215) 765-8329

## APPLICATION FOR PENSION/ANNUITY BENEFITS

SECTION I All applicants please complete		
1. NAME		2. SOCIAL SECURITY NUMBER
3. DATE OF BIRTH (please attach proof of your age)	4. TELEPHONE # WHERE YOU CAN BE REACHED	
5. ADDRESS (Please include city, state and zip)		
6. MAILING ADDRESS (if different from your home address)	CITY	STATE ZIP
7. IF POSSIBLE, PLEASE INDICATE ANOTHER TELEPHONE NUMBER WHERE YOU CAN BE REACHED?		
8. WHAT IS YOUR CURRENT MARITAL STATUS? <input type="checkbox"/> MARRIED - <i>attach a copy of your marriage license and proof of your spouse's age</i> <input type="checkbox"/> DIVORCED - <i>attach a CERTIFIED copy of your divorce decree</i> <input type="checkbox"/> WIDOWED - <i>attach a copy of your spouse's death certificate</i> <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED BUT CANNOT LOCATE MY SPOUSE		
9. WHAT IS YOUR SPOUSE'S NAME?	10. SPOUSE'S SOCIAL SECURITY NO.	
11. SPOUSE'S ADDRESS (complete if different from yours)		
12. SPOUSE'S BIRTH DATE	13. SPOUSE'S TELEPHONE NO.	
PLEASE DESIGNATE YOUR BENEFICIARY		
BENEFICIARY'S NAME		BENEFICIARY'S SOCIAL SECURITY NUMBER
BENEFICIARY'S ADDRESS (please include city state and zip)		
BENEFICIARY'S TELEPHONE NO.	RELATIONSHIP	BENEFICIARY'S BIRTH DATE

**SECTION II**  
**All applicants please complete**

1. HAVE YOU EVER APPLIED FOR BENEFITS FROM THIS FUND?     YES     NO

IF YES, PLEASE INDICATE THE MONTH AND YEAR YOU MADE APPLICATION AND THE TYPE OF BENEFIT YOU APPLIED FOR \_\_\_\_\_

2. WHAT TYPE OF PENSION ARE YOU APPLYING FOR? (CHOOSE ONE)

- EARLY or EARLY VESTED DEFERRED - (select if you are under 65)
- DISABILITY\*
- NORMAL or VESTED - (select if you are 65 or older)
- PARTIAL - (select if you worked in jurisdictions other than those covered by Locals, 57,135, 332, 413 and 420)

*\* To be eligible for disability pension benefits you must have at least 15 years of service, without incurring a break in service and be receiving disability benefits from the Social Security Administration.*

3. WHY ARE YOU TERMINATING EMPLOYMENT?

- DISABILITY
- CHANGE OF PROFESSION
- MOVING OUT OF STATE
- REACHED AGE YOU WISH TO RETIRE
- ACCRUED 30 OR MORE YEARS OF SERVICE
- OTHER \_\_\_\_\_

4. ARE YOU CURRENTLY RECEIVING OR ARE YOU ELIGIBLE TO RECEIVE RETIREMENT BENEFITS FROM ANOTHER PENSION PLAN(S)?

YES     NO

IF YES, PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:

1. Please give the name of all the Pension Plan(s) that are currently paying you benefits or Pension Plan(s) where you may be eligible to receive benefits in the future.

\_\_\_\_\_

2. When did your benefits commence or when will you make application for the benefit? \_\_\_\_\_

3. What type of work did you perform to become eligible for these pension(s).

\_\_\_\_\_

4. If possible, please give the names of the employer(s) who made contributions into these Pension Plan(s) *(use reverse side if needed)*.

\_\_\_\_\_

5. Did any of the employer(s) listed above ever make pension contributions on your behalf into the Laborers' District Council Construction Industry Pension Fund?

YES     NO

If YES, please give the name of the employer(s) and the name of the pension plan(s) where the same employer made contributions to us and to another plan. *(use reverse side if needed)*

\_\_\_\_\_

**SECTION III**  
All applicants please complete

1. ARE YOU STILL WORKING IN CONSTRUCTION?       YES       NO

IF YES, WHEN DO YOU PLAN TO STOP? \_\_\_\_\_

IF NO, WHEN WAS THE LAST TIME YOU WORKED? \_\_\_\_\_

What month do you want your benefits to commence? \_\_\_\_\_

2. ARE YOU CURRENTLY OR WERE YOU A MEMBER OF ANY LABORERS' INTERNATIONAL LOCAL UNION?

YES       NO

IF YES, GIVE YOUR LOCAL AND MEMBERSHIP NUMBER:

I AM CURRENTLY OR WAS A MEMBER OF LOCAL UNION #: \_\_\_\_\_

MY MEMBERSHIP NUMBER IS OR WAS: \_\_\_\_\_

3. HAVE YOU EVER TRANSFERRED YOUR MEMBERSHIP TO ANOTHER LABORERS' INTERNATIONAL LOCAL UNION?

YES       NO

IF YES, PLEASE GIVE US THE LOCAL NUMBER AND THE DATES THAT YOU WORKED AND/OR PAID DUES IN THAT JURISDICTION:

Local Number	Date Transferred In	Date Transferred Out
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Local Number	Date Transferred In	Date Transferred Out
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Local Number	Date Transferred In	Date Transferred Out
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4. HAVE YOU EVER PERFORMED LABORERS' WORKED OUTSIDE THE FIVE COUNTY AREA?

(The five county area consists of Philadelphia County, Montgomery County, Chester County, Bucks County and Delaware County)

YES       NO

If yes, please indicate the following (use additional sheets if necessary)

Job Location	Local Union in that Jurisdiction	Date you started work?	Date you stopped work?	Where were your benefits paid?	If known, how much pension service do you have in this jurisdiction?

**SECTION IV**

**Complete if you are applying for credit for non-working periods**

**1. HAVE YOU EVER SERVED IN THE ARMED SERVICES OF THE UNITED STATES OF AMERICA?**

YES     NO

(IF YES, PLEASE ATTACH A COPY OF EVIDENCE OF SEPARATION FROM THE ARMED FORCES)

**2. HAVE YOU EVER RECEIVED WEEKLY SICK BENEFITS FROM EITHER THE BUILDING OR HEAVY HEALTH AND WELFARE FUND?**

YES     NO

IF YES, ATTACH PROOF INDICATING THE NAME OF THE CONTRACTOR AND THE SPECIFIC DATES YOU RECEIVED BENEFITS. (see page 9)

**3. HAVE YOU EVER RECEIVED WORKMEN'S COMPENSATION? (This means any monies you have been paid for an INJURY you received while working on the Job.) THIS DOES NOT INCLUDE UNEMPLOYMENT COMPENSATION.**

YES     NO

IF YES, PLEASE ATTACH PROOF INDICATING THE NAME OF THE CONTRACTOR AND THE SPECIFIC DATES YOU RECEIVED BENEFITS. (see page 9)

**SECTION V**

**Complete if you are applying for a disability pension**

**1. WHAT IS THE CAUSE OF YOUR DISABILITY?** \_\_\_\_\_

**2. WHAT IS THE DATE YOUR DISABILITY STARTED?** \_\_\_\_\_

**3. WHAT IS THE DATE YOU STOPPED WORKING DUE TO YOUR DISABILITY?** \_\_\_\_\_

**ALL APPLICANTS FOR DISABILITY PENSION BENEFITS MUST COMPLETE THE ENCLOSED DISABILITY APPLICATION**



# DISABILITY APPLICATION

(ALL DISABILITY APPLICANTS MUST COMPLETE, SIGN AND RETURN)

## SECTION ONE

Please advise the Fund Office as follows: (check one)

- I have been approved for Disability Benefits from the Social Security Administration *(please attach a copy of your award certificate and sign below)*
- I have applied for disability benefits from the Social Security Administration *(please complete SECTION TWO and sign)*
- I intend to apply for disability benefits from the Social Security Administration *(please complete SECTION TWO and sign)*
- I have been denied Disability Benefits from the Social Security Administration *(please complete SECTION TWO and sign)*
- I DO NOT intend to apply for Disability Benefits from the Social Security Administration *(please complete SECTION TWO and sign)*

## SECTION TWO

DO NOT COMPLETE THIS SECTION, IF YOU HAVE BEEN APPROVED FOR DISABILITY BENEFITS FROM THE SOCIAL SECURITY ADMINISTRATION

1. Please indicate the date you applied or are planning to apply for disability benefits from the Social Security Administration \_\_\_\_\_.
2. If you have applied for disability benefits from the Social Security Administration and been denied, did you appeal the decision or do you intend to appeal the decision?  
 YES       NO
3. If eligible, do you wish to have early retirement benefits paid to you while you await your determination from the Social Security Administration?  
 YES       NO
4. If possible, please indicate the month and year that you will begin receiving disability benefits from the Social Security Administration, if favorably determined. *(you may need to get this information from the Social Security Office)* \_\_\_\_\_

I understand that in order to be eligible for disability pension benefits, I am required to show proof that I have been awarded disability benefits from the Social Security Administration. In addition, I must also meet the credited service requirements as defined in the Plan of Benefits as it relates to disability pension benefits.

I also understand that that upon my making application for pension benefits, if I have not yet been awarded disability benefits from the social security administration, the fund will make a determination as to my eligibility for early retirement benefits. If I am eligible for early retirement benefits as defined in the Plan of Benefits, I may elect to receive early retirement benefits while I await my determination from the Social Security Administration. Should I be eligible and elect to receive early retirement benefits and subsequently receive a favorable determination from the Social Security Administration, I understand that any lump sum benefits due me as the result of my conversion to a disability pension will be offset by the early retirement benefits that I received.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date



# DID YOU

- SIGN AND DATE YOUR APPLICATION?(see below)
- INCLUDE PROOF OF YOUR AGE?
- INCLUDE PROOF OF YOUR SPOUSE’S AGE?
- GIVE US YOUR BENEFICIARY'S CORRECT BIRTH DATE, ADDRESS, TELEPHONE NUMBER AND SOCIAL SECURITY NUMBER?
- INCLUDE A PHONE NUMBER WHERE YOU CAN BE REACHED
- HAVE ATTACHED THE FOLLOWING DOCUMENTS THAT ARE APPLICABLE TO YOU?
  1. DON'T FORGET TO RETURN YOUR SIGN AND RETURN YOUR VESTING AND DETAILED WORK SUMMARY REPORT
  2. YOUR MARRIAGE LICENSE
  3. A DIVORCE DECREE, IF YOU ARE DIVORCED – YOU MUST INCLUDE
  4. A DEATH CERTIFICATE IF YOUR SPOUSE IS DECEASED
  5. YOUR SOCIAL SECURITY DISABILITY AWARD CERTIFICATE, IF YOU ARE APPLYING FOR DISABILITY BENEFITS
  6. PROOF OF SEPARATION FROM THE ARMED FORCES

**I HEREBY APPLY FOR A PENSION FROM THE LABORERS' DISTRICT COUNCIL CONSTRUCTION INDUSTRY PENSION FUND OF PHILADELPHIA AND VICINITY.**

**I agree to furnish any information that the Board of Trustees may require for the determination of my eligibility for Pension Benefits at this time and at any other time in order to maintain my eligibility for Pension Benefits.**

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Address of Witness

\_\_\_\_\_  
Date Signed

## PROOF OF AGE

Every applicant is required to submit proof of age. For this purpose one or more of the following documents may serve as acceptable proof. Because some of these documents are better proof than others, the list is arranged so that the best type of proof is listed first, the next best is second and so on.

1. A birth certificate
2. A baptismal certificate, or a church record which shows the date of birth and is certified by the custodian of such records.
3. Notification of registration of birth in a public registry of vital statistics
4. Hospital birth record, certified by the custodian of such records
5. Birth record of a foreign church or government
6. A signed statement by the physician or midwife who was in attendance at birth, showing the date of birth as it is taken from their records
7. Naturalization records
8. Immigration papers
9. Military record
10. Passport
11. School record, certified by the custodian of such records
12. Vaccination record, certified by the custodian of such record
13. An insurance policy (in force for at least 15 years) which shows age or date of birth
14. Marriage records showing date of birth or age (e.g. application for marriage license or church record) certified by the custodian of such records; or marriage certificate
15. Other evidence, such as signed statements from persons who have knowledge of the date of birth, voting records, poll tax receipts, etc.

## WORKMEN'S COMPENSATION

Every applicant applying for pensions credits as a result of receiving Workmen's Compensation must provide written proof that indicates the following:

1. the contractor you were working for when you sustained the injury
2. the date the you started and stopped receiving Workmen's Compensation Benefits

If you do not have this information, the Fund office has forms that you can mail or take to one of the following sources:

1. The Insurance Company that paid your claim - (this is the best and quickest way to get the information)
2. The Workmen's Compensation Bureau, their address and phone number is

Department of Labor and Industry  
Bureau of Workers Compensation  
1171 South Cameron Street, Room 103  
Harrisburg, Pa 17104-2501  
(Phone 800-482-2383 or 717-772-3742)

3. The contractor you worked for when you sustained the injury

## WEEKLY DISABILITY BENEFITS

Every applicant applying for pensions credits as a result of receiving weekly disability benefits from a health and Welfare fund must submit written proof that indicates the following:

1. the name of the Health and Welfare Fund you received weekly disability benefits from
2. the date the you started and stopped receiving benefits

