

**UNITED ASSOCIATION NATIONAL PENSION FUND**

# **APPLICATION BOOKLET**

**DO NOT USE THIS APPLICATION IF YOU ONLY WANT A BENEFIT ESTIMATE.**  
To request a benefit estimate, write or call the Fund Office or submit a request via  
email at <https://uanpf.org/contact/>

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### **DISABILITY PENSION APPLICANTS**

If you are applying for a Disability Pension, you should follow the instructions provided in this booklet, paying special attention to those highlighted in the shaded blocks for additional details relative to the Disability Pension. Complete the appropriate disability related item on the application form, also highlighted in the shaded block.

## INSTRUCTIONS FOR COMPLETING YOUR APPLICATION

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To apply for your benefit, you must completely fill out the Application for Benefits form provided in the center of this booklet. The Fund Office will only accept the official application form in effect just prior to your retirement. Read the instructions carefully before completing your application.

1. **Name:** Provide your full name including middle initial and suffix (Sr., Jr., etc.) if applicable. If applicable, indicate your maiden name.
2. **Social Security Number:** You must provide your Social Security Number for tax reporting purposes. You must enclose a copy of your Social Security Card.
3. **Telephone number:** Provide a daytime telephone number where we can reach you.
4. **Address:** Provide the address for the Fund Office to send written correspondence to you. If you use a P.O. Box for receiving mail, you must also provide your physical (street) address. Provide your e-mail address, as applicable.
5. **Date of birth:** Provide your birth date (month, day, year). You are also required to provide proof of your age. **You may submit a copy of your proof of age; however, if the copy is unclear or incomplete, we will ask you to submit an original or official certified copy of one of the documents listed below.** You are required to provide a birth certificate if available. If a birth certificate is not available, you should submit the next best type of proof from the following (listed in order of preference):
  - a. Birth certificate.
  - b. Notification of registration of birth in a public registry of vital statistics.
  - c. Hospital birth record, certified by the custodian of such records.
  - d. Current driver's license.
  - e. Passport.
6. **Current home local union number:** Provide the number of your local union.
7. **Original initiation date:** Provide the date you first became a member of the United Association.
8. **Date first worked at the trade:** Provide the date that you began working at the trade even if it is prior to your Initiation Date.
9. **My last day of work was/will be:** Provide the last date you intend to work or worked in the plumbing and pipefitting industry. This should be your actual last day of work and not the day you want your pension to begin.
10. **I would like my Effective Date of Benefits to be:** Provide the date you want your pension to begin. The date must be the first day of the month. Your Effective Date of Benefits CANNOT be on or before the date you list as your last day of work in Item 9 on the Application for Benefits form. Your Effective Date of Benefits cannot be before you submit your application to the Fund Office. Refer to the cover of the Application for Benefits form for detailed information regarding your Effective Date of Benefits.

You have the right to defer your Effective Date of Benefits to a later date at any time prior to when payments begin. However, your benefits may not be deferred later than the April 1 following the Calendar year in which you attain age 72.

If you are eligible for a Disability Pension and the date of your Disability is prior to your Effective Date of Benefits, your first benefit payment may include your monthly benefit for that month plus an "auxiliary" amount. The auxiliary amount is equal to your monthly benefit amount multiplied by the number of months between your Effective Date of Benefits and your Date of Disability, excluding any months of employment that would be considered to be Disqualifying Employment. For this purpose, the Date of Disability shall be the first of the month after the month that the disability begins as determined by the Social

Security Administration.

11. **Marital history:** Place a check mark (☑) as needed to indicate your current and former marital status. If you are currently married, provide your spouse's full legal name, maiden name, former married name (if applicable), date of birth, and Social Security Number. Provide the date of your marriage and proof of your spouse's age (see item 5 for acceptable documents).

If you are currently married, you must submit a copy of your marriage certificate. Marriage licenses are not acceptable. If you cannot obtain a copy of your marriage certificate, contact the Fund Office to determine if other documents would be acceptable as proof of marriage.

Common law marriage is an informal means of entering into the marital relationship that is recognized in some states. How to prove common law marital status depends upon the state of your residence at the time your common law marriage began. If you are married by common law marriage, you should make note of this on your application form so the Fund Office can identify the documentation that is acceptable as proof of marriage.

Even if you are legally separated from your spouse but not yet divorced, for pension purposes the Plan will treat you as a married participant, and you will have to provide a copy of your marriage certificate and the requested information about your spouse.

If you have been divorced, you must submit a copy of each adjudicated divorce decree and separation agreement. Provide your former spouse(s) name, Social Security Number, if available, and date of divorce. If you submit a copy that is unclear or incomplete the Fund Office will request that you provide an original or court-certified copy.

You must submit an original or court-certified copy of any domestic relations order addressing retirement benefits in which you are named as the Participant. In the space provided, list all individuals with whom you have a QDRO or similar order as described above.

If you are widowed, you must submit an original or certified copy of your late spouse's death certificate.

12. **Names, dates of birth, and Social Security Numbers of children:** This information should be provided in case your spouse or designated beneficiary does not survive you. In the absence of a designated beneficiary or a surviving spouse, any death or survivor benefit due under this Plan, other than a joint and survivor pension, will be paid to your surviving children, if any, divided equally between them. This information can also be useful if we have trouble locating you in the future.
13. **Military service:** If you served in the military after you started work in the plumbing or pipefitting industry, indicate your dates of service and enclose a copy of your discharge papers (Form DD-214) with your application.
14. **Benefit being applied for:** You may only apply for one type of benefit. Place a check mark (☑) next to the benefit for which you are applying (either a., b.1., or b.2.).

a. **Pension (Normal, Early Retirement, Vested or Deferred):** You should place a check mark (☑) on this line unless you are applying for a Disability Pension or Contingent Early Retirement Pension. Refer to the last page of this booklet for an explanation of these benefits.

b. If you are disabled and are applying for a Disability Pension, you should select one of the following:

1. **Disability Pension:** Place a check mark (☑) on this line if you have already received a Social Security Disability Award from the Social Security Administration and you are less than age 65.

An award certificate (Notice of Award) from the Social Security Administration, which indicates your date of disability, must be provided to the Fund Office in order to complete a claim for a Disability Pension.

2. **Contingent Early Retirement Pension:** Place a check mark (☑) on

this line if you are age 55 or older (but not yet 65) and (a) have applied for and are awaiting a favorable determination for a Disability Benefit from the Social Security Administration, or (b) are appealing an unfavorable determination by the Social Security Administration.

You are eligible for the Contingent Early Retirement Pension if you are eligible for an Early Retirement Pension, are totally and permanently disabled, have applied for a Social Security Disability Benefit (or are appealing a denial of a benefit), and have otherwise fulfilled the requirements for a Disability Pension except for receipt of a Social Security Disability Award.

**15. Employment information:** Generally, Past Service Credit is pension credit granted for work in a job category performed for your employer before the employer was required to make contributions to the Plan. In order for the Fund Office to verify Past Service Credit, you must provide employment information to the satisfaction of the Trustees in accordance with Sections 5.02 and 9.02 of the Plan Rules. If you have not previously submitted earnings information to the Fund Office, complete the "Employment

History form provided in the back of this booklet. Read and follow the instructions noted on the form.

- 16. Periods of disability:** List any periods of disability that occurred during your employment in the plumbing or pipefitting industry. Include dates and nature of disability.
- 17. Statement:** Upon completion of the above information you must SIGN and DATE your application. The Trustees cannot accept an application that is not signed and dated.

If you are unable to sign your name, you may use an "X" in place of your signature. However, the "X" must be witnessed by a notary public. Also, if the application is signed by someone acting as legal representative (*i.e.*, power of attorney, guardian, etc.) for the applicant, this signature must also be witnessed by a notary public. The document granting authority for the legal representative to act on behalf of the applicant should be provided along with the application.

## **INSTRUCTIONS FOR MAILING YOUR APPLICATION**

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Enclose as many of the following documents as are available with your application:

- a copy of your Social Security Card (if your Social Security Card is not available, you may enclose another official document that includes your SSN)
- proof of your age
- if you are married, proof of your spouse's age and proof of marriage
- if not previously submitted and if applicable, a copy of each divorce decree and separation agreement
- if not previously submitted and if applicable, original or court-certified copy of each domestic relations order addressing retirement benefits
- if you are widowed, original or certified copy of your deceased spouse's death certificate
- if applicable, your military discharge papers (Form DD-214)
- if not previously submitted and if applicable, Employment History Form (#81) or other source of employment data
- complete Social Security Disability Award Certificate (Notice of Award) if available at this time (applicable only for Disability Pension applicants).

**Your Effective Date of Benefits may be affected by a delay in your submission of this application. Accordingly, if all required documentation (including your Social Security Disability Award Certificate, if applicable) is not readily available, you may submit the application with the documentation you have at this time. As you obtain other necessary documentation, submit it to the Fund Office as soon as possible. Benefit payments can only begin after the processing of your application is completed and all documentation has been received.**

If you request that any document be returned to you, include that specific request along with a self-addressed stamped envelope for that purpose.

## **INFORMATION ON APPLICATION PROCESSING PROCEDURES**

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After you submit a pension application, the Fund Office will acknowledge receiving it and will review it within a few days for completeness. If the application is incomplete, you will be notified as soon as possible with a written request for additional information.

Every effort is made to process all applications within 90 days after the application is received by the Fund Office. If a decision on an application cannot be made within 90 days of its receipt, the time to process the application may be extended up to 90 additional days. You will be sent a letter before the expiration of the first 90 days, explaining the special circumstances requiring another 90 days to take action.

If final action cannot be taken at the end of the second 90-day period, your application will be decided based on the information available at that time. Before the end of the second 90-day period, you will be sent an explanation, and you will be awarded any partial benefits that can be determined with the available information. If partial benefits cannot be awarded because

of a lack of necessary information, your application will be conditionally denied, but the Fund Office will continue to seek the necessary information to make a final determination.

You may access your Application Status on-line by visiting the Fund's website at <https://uanpf.org/participants/participants-login-page/>. You will have to register and setup access to this secured area of the website that will maintain the confidentiality of your records.

## **FINAL DOCUMENTATION FOR PAYMENT OF BENEFITS**

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As required by federal law, the normal form of pension benefit for a married participant is the 50% Joint and Surviving Spouse Pension. When the pensioner dies, the pensioner's spouse receives a lifetime monthly benefit equal to 50% of the amount of benefit that was previously paid to the pensioner. To receive another form of payment, you and your spouse must reject the 50% Joint and Surviving Spouse Pension within the 180 days prior to payment of your benefits.

The normal form of pension benefit for unmarried participants is the Single Life Pension with 5-Years Certain Payments. This benefit is also available to married participants if they reject the 50% Joint and Surviving Spouse Pension. This benefit provides a monthly benefit to the pensioner for his/her lifetime. Pension payments continue to the designated beneficiary after the death of the pensioner only if the pensioner received fewer than 60 payments. The initial 60-month guarantee payment period begins on the pensioner's Effective Date of Benefits and ends when a combined total of 60 payments have been issued.

When the Fund Office completes the processing of your application, and a favorable determination has been made regarding your eligibility for benefits, you will be sent an "Award" letter. The Award letter describes the benefit you are eligible for, and the forms of payment that are available. The following documents, if applicable, are sent with the Award letter:

- Retirement/Disability Declaration – you must certify that you have stopped or will stop working in the plumbing and pipefitting industry on the date indicated. This includes self-employment.
- Payment Option Package – provides you with detailed information about the optional forms of payment available to you, including the documents to elect an optional form of payment (with spousal consent, if applicable).
- Special Tax Notice Regarding Plan Payments – provides you with information on the benefits that are eligible for rollover to an IRA or other retirement plan, including a form to elect a rollover.
- Federal Tax Withholding form
- Direct Deposit Authorization – instructs the Fund to pay your benefits by direct deposit to your bank account.
- Election of Retroactive Annuity Starting Date form (if applicable).

You should send the completed documents back to the Fund Office as soon as possible to avoid delays in receiving your monthly benefit. See first page of application form for further explanation about how your Effective Date of Benefits may be affected by the need to complete and submit these additional documents. Normally, the first benefit payment will be within 14 to 30 days after the Fund Office's receipt of the necessary final documents, but not sooner than your Effective Date of Benefits.



## EXPLANATION OF BENEFITS

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The Plan provides the following benefits to eligible Participants. Refer to your SPD for more details.

- **Normal Pension** payable at age 65 or later to an eligible Participant with at least 5 years of Pension Credit including at least 1,500 Hours of Work in Covered Employment.
- **Early Retirement Pension** payable at age 55 or later to an eligible Participant who has at least 5 years of Pension Credit, including at least 1,500 Hours of Work in Covered Employment.
- **Disability Pension** payable to an eligible Participant who submitted a pension application and became Permanently and Totally Disabled before age 65, as demonstrated by an award of disability benefits from the Social Security Administration, and who has at least 5 years of Pension Credit, including at least 1,500 Hours of Work in Covered Employment. An eligible Participant must have worked in Covered Employment (or related employment, see SPD for details) for at least 500 hours in the 24-month period that immediately preceded the date on which he/she became Permanently and Totally Disabled. An eligible Participant who did not meet the 500 hour requirement due to a disability that rendered the Participant unable to perform the normal duties of his craft, medical evidence of which is submitted to the Fund Office, may still qualify for a Disability Pension provided the Participant worked at least one hour of work in Covered Employment (or related employment as above) within the 48 months before the date on which he became Permanently and Totally Disabled, or if earlier, the date the application was submitted to the Social Security Administration for the award that deemed the Participant disabled.
- **Contingent Early Retirement Pension** payable to an eligible Participant who has fulfilled the requirements for an Early Retirement Pension, including having attained 55 years of age, and has otherwise fulfilled the requirements for a Disability Pension except has applied for and is awaiting a favorable determination for the award of disability benefits from the Social Security Administration or is appealing an unfavorable determination by the Social Security Administration.
- **Deferred Pension** payable at age 55 or later to an eligible Participant who left Covered Employment when he/she had at least 15 years of Pension Credit, including at least 5 years of Future Service Credit, and had attained age 40.
- **Vested Pension** payable at age 65 or later to an eligible Participant who left Covered Employment when he/she had earned at least 5 years of Vesting Service (10 years of Vesting Service if he/she does not have an Hour of Work on or after July 1, 1998). The Vested Pension is also payable to an eligible Participant who has attained Normal Retirement Age and has any Future Service Credit that was not canceled by a Permanent Break in Service. Normal Retirement Age is age 65 or, if later, the age on the fifth anniversary of participation (the tenth anniversary for anyone who does not have an Hour of Work on or after January 1, 1988).
- **Pro Rata/Partial Pension** may be payable to certain Participants otherwise lacking sufficient service credit to be eligible for a pension benefit because their years of employment have been divided between the National Pension Fund and other U.A. plans that have entered into a reciprocal agreement for Pro Rata/Partial Pensions. For a list of the local funds currently signed to the Pro Rata/Partial Pension addenda, refer to the Fund's website at <https://uanpf.org/participants/reciprocity/reciprocity-agreements/>. When processing your application, if you are not otherwise entitled to a pension, the Fund Office will review the work history you provide to see if you had worked in the jurisdiction of any local fund signed to the agreement.



**UNITED ASSOCIATION NATIONAL PENSION FUND  
APPLICATION FOR BENEFITS**

**DO NOT USE THIS APPLICATION  
IF YOU ONLY WANT  
A BENEFIT ESTIMATE**

To request a benefit estimate,  
write or call the Fund Office or submit an  
email at <https://uanpf.org/contact/>

\_\_\_\_\_  
Name

\_\_\_\_\_  
Last 4 digits of Social Security Number

\_\_\_\_\_  
Local Union Number

Your application for benefits from the United Association National Pension Fund (“Fund”) must be made on this official form. Please read these instructions carefully.

If possible, you should send the completed Application to the Fund Office three to six months prior to your anticipated date of retirement. If the Fund does not notify you that it has received your Application within fifteen (15) business days of the date you mailed it, please contact the Fund Office.

Federal law requires that the Fund provide you with necessary information about your payment options, which we will refer to here as the Notices, no earlier than 180 days prior to your Effective Date of Benefits. You will need to review the Notices and complete the election and consent forms (“Forms”) that will be enclosed with them. The actual payment of benefits may begin no sooner than 30 days after we have supplied you with the Notices. However, you may elect to start the payment of benefits before the end of this 30-day period by returning your Forms in fewer than 30 days, but, in no event can the Fund begin payments sooner than 7 days after it provides you the Notices.

**After we receive and review your Application, we will send you the Notices and Forms with an “Award” letter indicating the date by which you must return the Forms to the Fund Office. It is important that you return the Forms timely (within 180 days) or you will have to begin the application process over and establish a new Effective Date of Benefits.**

Except as set forth below, your **Effective Date of Benefits** will be the first of the month which is the *later* of (1) the first of the month following the date on which the Fund receives your completed Application, (2) the Effective Date of Benefits you request on your Application, or (3) the first of the month after the month you cease working in Covered Employment with the intent to retire.

If your Effective Date of Benefits as set forth above is before the date the Fund Office sends you the Notices, and if you still want the earlier date to be your Effective Date of Benefits, you must affirmatively elect it as a “Retroactive Annuity Starting Date” on another form that the Fund Office will provide to you with the Notices and Forms. If you do not elect a Retroactive Annuity Starting Date, your Effective Date of Benefits will be the first of the month following the date on which the Fund Office receives your completed Forms.

If your Effective Date of Benefits as set forth above is after the date the Fund Office sends you the Notices, you must complete and return the Forms by that date to retain that date as your Effective Date of Benefits. Otherwise, your Effective Date of Benefits will be the first of the month following the date on which the Fund Office receives your completed Forms.

We recommend that you review the Application Booklet and the Fund’s Summary Plan Description (SPD). The accompanying Application Booklet provides important instructions for this Application. The SPD will help you understand what type of benefit is best for you. You may view the SPD on the Fund’s website (<https://uanpf.org/wp-content/uploads/2021/06/Summary-Plan-Description-12.2017.pdf>) or you may request a copy from the Fund Office.

**The Application requires that you enclose certain documents, but if all required documents are not readily available, send whatever documents you have now with your Application. You may send the remainder of the documents when available. Do not delay sending your Application to the Fund Office as it may delay your Effective Date of Benefits.**

## UNITED ASSOCIATION NATIONAL PENSION FUND APPLICATION FOR BENEFITS

**Please PRINT ALL Information (Ink Only)**

**Be Sure to Answer All Applicable Questions**

If you are applying for a Disability Pension or a Contingent Early Retirement Pension, be sure to complete the appropriate disability-related item (14.b.1 or 14.b.2) highlighted in the shaded block on this form.

1. Name \_\_\_\_\_

2. Social Security Number last 4 digits - \_\_\_\_\_  
**Enclose a copy of your Social Security Card**

3. Telephone No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 (Area Code)

4. Mailing Address \_\_\_\_\_  
 (Street) (City) (State) (Zip Code)

Physical Address \_\_\_\_\_  
 (if different) (Street) (City) (State) (Zip Code)

E-mail address \_\_\_\_\_

5. Date of Birth \_\_\_\_\_ **(Enclose proof of age)**  
 (Month) (Day) (Year)

6. Current Home Local Union No. \_\_\_\_\_

7. Original Initiation Date \_\_\_\_\_

8. Date first worked at the Trade \_\_\_\_\_

9. My last day of work was/will be \_\_\_\_\_

10. I would like my Effective Date of Benefits to be: \_\_\_\_ / 01 / \_\_\_\_ (Must be First Day of Month and After Last Day of Work)

11. Marital History: Place a check mark (☑) next to ALL that apply. Indicate dates where applicable.

Single -- Never Married

Currently Married (including Separated)

Name of Spouse: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Former Married Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ **(Enclose Proof of Age)** Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Marriage: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **(Enclose Marriage Certificate)**

Divorced - **Enclose Copy of Divorce Decree(s)** and indicate below if Domestic Relations Order applies

Name of Former Spouse	Social Security Number	Date of Divorce	DRO applies (Y/N)

Domestic Relations Order including Qualified Domestic Relations Order (QDRO) – **Provide a copy of any Domestic Relations Order or QDRO in which you are named as the Participant.**

Widowed - **Enclose Original or Certified Copy of Death Certificate**

Name of Spouse: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Former Married Name: \_\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Spouse's Death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

12. Names, Dates of Birth, and Social Security Numbers of Children: (Please list additional children on a separate sheet of paper). This is optional. This information should be provided in case your spouse or designated beneficiary does not survive you or in case the Fund is unable to locate you in the future.

Name	DOB	SSN

Name	DOB	SSN

13. If previously in military service after you started work in the plumbing or pipefitting industry, fill in the dates below and **enclose a copy of your Form DD-214**. This is applicable only if you entered military service after you began working in the trade.

Dates of Duty: From \_\_\_\_\_ To \_\_\_\_\_; From \_\_\_\_\_ To \_\_\_\_\_

14. **BENEFIT BEING APPLIED FOR:** You may only apply for one BENEFIT. Please place a check mark (☑) next to the Benefit for which you are applying (either a, b.1., or b.2.).

a.  PENSION (Normal, Early Retirement, Vested, or Deferred):

b. If you are disabled and are applying for a Disability Pension you may apply for one of the following:

1.  **DISABILITY PENSION (Enclose the Social Security Disability Award [Notice of Award] in its entirety)**

2.  **CONTINGENT EARLY RETIREMENT PENSION (You have attained age 55, but have not yet received a Social Security Disability Award)**

I have applied to the Social Security Administration for Disability Benefits. My application was submitted to the Social Security Administration on \_\_\_\_\_. (date application submitted)

As indicated on my application to the Social Security Administration, I became disabled on \_\_\_\_\_ (date on Social Security application).

15. Employment Information: Place a check mark (☑) next to the statement that applies to you.

I have previously submitted employment history or earnings information to the Fund Office.

I have enclosed a completed and signed "Employment History" form.

I have enclosed other forms of employment history information.

I do not have any additional employment information as described on the Employment History form.

Note: Employment history includes any history of self-employment.

16. Identifying periods of disability, if any, may be helpful in waiving breaks in service and work test requirements. Please list below any periods that you were unable to work as a result of disability which occurred during the period of your work in the plumbing or pipefitting industry.

\_\_\_\_\_

\_\_\_\_\_

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17. STATEMENT

I hereby apply for benefits from the United Association National Pension Fund. The preceding statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for benefits, and that the Trustees shall have the right to recover any payments made to me or on my behalf because of a false statement.

I understand that after this Application is received, the Fund will provide me with necessary information, as required by federal law, about my payment options during a period that begins no sooner than 180 days prior to my Effective Date of Benefits. I also understand that the actual payment of benefits may begin no sooner than 30 days after the Fund has supplied me with this information and with the election and consent forms. I further understand that I must complete the election and consent forms and return them to the Fund Office by the date set forth in the Fund's letter transmitting those forms to me. Otherwise, I will have to begin the application process over and establish a new Effective Date of Benefits.

I understand further that my Effective Date of Benefits will be the *later* of the first of the month following the Fund Office's receipt of my completed Application for Benefits, the first of the month I specify on my Application for Benefits, or the first of the month after the month I cease working. I understand that my Effective Date of Benefits may be before the date the Fund Office supplies me with the information about my payment options but only if I affirmatively elect the earlier date as a "Retroactive Annuity Starting Date." I understand that, if I do not elect to have a Retroactive Annuity Starting Date, my Effective Date of Benefits will be the first of the month following the Fund's receipt of my completed election and consent forms.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

**NOTARY WITNESS REQUIRED WHEN YOU SIGN WITH AN "X", OR IF SIGNED BY A LEGAL REPRESENTATIVE ON BEHALF OF AN APPLICANT:** If you are unable to sign your name, you may use an "X" in place of your signature. However, a Notary Public must witness the "X". Also, if the individual signing this form is acting on behalf of the applicant as a legal representative (*i.e.*, Power of Attorney; Guardian, etc.), a Notary Public must witness the signature. **In addition, the legal document granting authority to act on behalf of the applicant should be provided to the Fund Office along with this Application.**

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**NOTARY PUBLIC STATEMENT**

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me came \_\_\_\_\_ known to me to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

\_\_\_\_\_  
Notary Public

SEAL

My commission expires on \_\_\_\_\_

**IMPORTANT! An Application that is NOT SIGNED and DATED will not be accepted for processing.**

**UNITED ASSOCIATION NATIONAL PENSION FUND  
EMPLOYMENT HISTORY INSTRUCTION SHEET (OPTIONAL)**

Participant's Name: \_\_\_\_\_

Last 4 digits of Social Security Number: \_\_\_\_\_

This form is for you to provide the United Association National Pension Fund ("Fund") with employment information for which we do not have any records. We suggest you start by reviewing your Annual Statement from the Fund. You may obtain your last Annual Statement from our website <https://secure.uanpf.org/ParticipantDocuments/> if you worked in Covered Employment and received a statement in 2005 or later. Otherwise, you may obtain a Contribution History Report from the website at the same address, or you may call the Fund to request one.

**If you agree with the employment information we have in our records as shown on the Annual Statement and/or the Contribution History Report, you do not need to complete this form. If something is missing or there is something you are not sure about, please let us know about it by completing this form.**

Here are some examples of reasons to complete this form:

1. Sometimes we do not have a record of a period of Future Service Credit, which consists of hours for which employer contributions were due to the Fund, because your hours were not reported to us. If you believe any such hours are missing from our records, please complete this form.
2. We also need to know about your employment in the plumbing and pipefitting industry for periods before your employers became obligated to contribute to the Fund. Such employment might count as Past Service Credit if the Plan's requirements are met. If you worked in the industry before your employer was required to contribute to the Fund, please complete this form.
3. If any of your work was self-employment in the plumbing and pipefitting industry, please complete this form.
4. Follow the instructions below and complete the form if you worked out of a local for which we do not have records. For example, if your work history began prior to your local participating in the Fund, or if you traveled to a non-participating local that started participating in the Fund at a later date.

**INSTRUCTIONS:** In the space provided on this form, indicate your employment or self-employment in the plumbing and pipefitting industry for which the Fund does not have any records as described above for each Calendar Year from the first Calendar Year in which you worked at the trade even if that work was prior to your initiation date in the U.A. Provide the requested information on a separate line for each of the following:

- Work performed in each Calendar Year for each employer within each local union jurisdiction.
- Work performed within two or more local jurisdictions (a separate line for each) during the same Calendar Year.
- Work performed in more than one Calendar Year (a separate line for each) for a single employer.
- Work performed in self-employment in the plumbing and pipefitting industry in each calendar year.

For Example:

Calendar Year Worked	Local Jurisdiction or Location	Employer Name	Number of Months Worked for Employer within Calendar Year
1970	116	Joe's Mechanical Contractor	12
1971	116	Joe's Mechanical Contractor	4
1971	Boise, ID	Samson's Piping	3
1972	139	Samson's Piping	4

To assist you in completing this form, you may need to refer to your yearly W-2 statements or your local health and welfare, pension or other fringe benefit fund records to identify the employers for whom you worked. Or you may contact your local Social Security Administration Office to obtain Form SSA-7050-F3 to request your employment information. Any cost incurred for obtaining this information from the Social Security Administration will be your responsibility. You should first confirm the information the Fund has on file, as you do not need to provide that same information. You do need to identify any work in self-employment.

<b>United Association National Pension Fund Mailing Address:</b>
<b>United Association National Pension Fund 103 Oronoco St. Alexandria, VA 22314</b>
<b>Questions 1-800-638-7442 extensions 4729 or 4726</b>

(Revised 08//2021)







**UNITED ASSOCIATION NATIONAL PENSION FUND**  
**RETIREMENT DECLARATION**

**I declare that I am retiring.** I have or will have stopped all employment with any employers – including self-employment – in the plumbing and pipefitting industry on the date stated below. If I have an ownership interest in any business in the industry, I declare that on the date stated below I have or will have stopped being an employee of that business.

I understand that, to be considered retired under the United Association National Pension Plan (“Plan”), I must have separated from all service with employers contributing to the United Association National Pension Fund (“Fund”) and from all other employment that would be Disqualifying Employment under Section 9.07 of the Plan. I understand that I must remain separated from any service with contributing employers and not return to work in other Disqualifying Employment for at least six months from the date my pension begins in order to be considered retired. If I return to Disqualifying Employment within six months of my retirement, I will not be considered to have retired and will be required to return any pension payments previously made to me.

I have read and understand the attached SUMMARY OF THE PLAN PROVISIONS ON SUSPENSION OF BENEFITS DUE TO A RETURN TO WORK in accordance with Section 9.07 of the Plan. I understand that, before Normal Retirement Age, my benefits will be suspended for any months in which I return to work for any number of hours in Disqualifying Employment, plus an additional six months.

I acknowledge that I must notify the Fund in writing within 30 days of my return to work, regardless of the number of hours worked. I understand that, before Normal Retirement Age, my failure to provide this written notice within 30 days of my return to work will result in a second additional six-month suspension of benefits. I further understand that I must repay the Fund any amounts that I was paid for all months that my benefit should have been suspended.

I understand that, although neither of the six-month suspensions of benefits will apply to any months after I reach Normal Retirement Age, I will still be obligated thereafter to repay to the Fund any benefits received to which I was not entitled because my benefits should have been suspended. I also understand that, after I attain age 65, my pension benefits will be suspended for any month in which I work 40 or more hours in Disqualifying Employment as defined for individuals who have attained Normal Retirement Age in Section 9.07 of the Plan. I further understand that, even after reaching Normal Retirement Age, I will still be required to notify the

Fund Office of all hours worked in Disqualifying Employment, even when I work for 39 or fewer hours per month.

I understand that my monthly benefit will no longer be subject to suspension as of the April 1st following the Calendar Year in which I attain age 72 regardless of whether or not I continue working in Disqualifying Employment.

Last Day Worked in Industry: \_\_\_\_\_

Print Full Name \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## UNITED ASSOCIATION NATIONAL PENSION FUND

### SUMMARY OF THE PLAN PROVISIONS ON SUSPENSION OF BENEFITS DUE TO A RETURN TO WORK

In accordance with Section 9.07 of the Plan Rules, and with applicable regulations of the U.S. Department of Labor, payment of your pension will continue as long as you remain retired and do not return to work in the plumbing and pipefitting industry. At any time, the Fund Office may require evidence of your continued entitlement to benefits.

If you return to work in the plumbing and pipefitting industry, your pension benefit may be suspended depending on your age. Normal Retirement Age is age 65 or, if later, the age on the fifth anniversary of participation.

- If you are below Normal Retirement Age, payment of your pension will be suspended for any period in which you return to work in Disqualifying Employment in the plumbing and pipefitting industry, plus an additional six months.
- After you reach Normal Retirement Age, payment of your pension will be suspended only for the months in which you work 40 or more hours in Disqualifying Employment.
- After you reach your Required Beginning Date (RBD), your monthly benefit is no longer subject to suspension. If you turned 70½ on or before December 31, 2019, your RBD is the April 1st following the Calendar Year in which you attain age 70½, regardless of whether or not you continue working in Disqualifying Employment. If you turn 70½ after December 31, 2019, your RBD is April 1 of the calendar year following the year you turn 72.

If you continue to work in Covered Employment after you reach your RBD, your monthly benefit will be adjusted annually for the additional credit you earned after your benefit commenced.

Disqualifying Employment before Normal Retirement Age is:

- work for any Contributing Employer or any employer in the same or related business as any Contributing Employer,
- self-employment in the same or related business as any Contributing Employer,
- employment or self-employment in any business under the jurisdiction of the Union, OR

- employment with the Union or any fund or program to which the Union is a party.

Disqualifying Employment after Normal Retirement Age is:

- employment or self-employment in the plumbing and pipefitting industry, AND
- employment or self-employment in any occupation covered by the Plan, AND
- employment or self-employment in any area of the United States in which contributions are required to be made to the Fund by or on behalf of any employer, which includes almost the entire country.

You must notify the Fund Office in writing within 30 days of your return to work.

- If you are below Normal Retirement Age and you fail to notify the Fund Office of your return to work, your benefits will be suspended for an additional six months when you cease working in Disqualifying Employment.
- If you have reached Normal Retirement Age and you fail to notify the Fund Office of your return to work, the Fund Office will presume that you have worked and are continuing to work at least 40 hours each month until you give notice that you have ceased working in Disqualifying Employment.
- If you are in either age category and are working for a construction contractor at a building site, the Fund will presume that you have worked for as long as the contractor was actively engaged at the site.

You may overcome either presumption by proving that they are not correct in your case.

When you stop working and want to retire again, you must notify the Fund Office in writing. Failure to give such notice will delay the resumption of payment of your benefit. Payment will resume after the last month for which benefits were suspended or the month following the Fund's receipt of your notice, whichever is later. Unless reimbursement was made to the Fund Office at the time you returned to work, the amount of any payments you received when your benefit should have been suspended due to your return to Disqualifying Employment will be withheld in full from your payments upon re-retirement. If you have reached Normal Retirement Age upon re-retirement, your first payment will be withheld in full (for a period not to exceed three months); thereafter, 25% will be withheld each month until the total overpayment has been recovered.

If your initial pension was calculated with an Early Retirement age reduction, the monthly amount of your pension when resumed after your suspension will be

recalculated based on your age when your benefit is resumed, reduced by the months for which you previously received benefits, plus the months your benefits were suspended and would have been suspended had you attained Normal Retirement Age.

If you earn additional pension credit during your return to work, your benefit will be recalculated to include the additional credit you earned during your suspension in accordance with the provisions of the Plan at the time of your re-retirement.

- If your original Effective Date was before Normal Retirement Age, any additional benefits accrued during your suspension will be treated as a separate benefit. When you re-retire you will be provided with the election forms to select the form of payment for this separate benefit.
- If your original Effective Date was after you reached Normal Retirement Age, the additional benefits accrued will be added to your previous pension and made in the same form of payment for survivor benefits as previously elected. You will not have election forms to complete for this additional benefit.

If you receive a notice of suspension of benefits from the Fund Office, which you believe to be in error, you may make a written appeal requesting that the Trustees review this action. Your appeal must be made within 180 days after you are notified of this suspension.

**PLEASE KEEP THIS SUMMARY FOR YOUR RECORDS.**

**UNITED ASSOCIATION NATIONAL PENSION FUND  
DEFINITIONS OF RETIRED AND OF DISQUALIFYING EMPLOYMENT**

**What does it mean to retire?**

In order to qualify to begin receiving a pension from the United Association National Pension Fund, you must first have terminated your employment with any Contributing Employer or any employment that would be considered Disqualifying Employment under the Plan (see below) with the intent to retire.

In order to retire, you ***cannot be employed by a Contributing Employer*** in any capacity. Any work for a Contributing Employer (even work that is not with the tools and would not be covered by a collective bargaining agreement) has to be terminated.

You also ***cannot be working in Disqualifying Employment***. The rules for Disqualifying Employment are different depending on whether you have reached Normal Retirement Age (generally age 65) (see below).

To demonstrate that you terminated employment with the intent to retire, you must remain separated from work in Disqualifying Employment ***for at least six months*** from the date your pension begins. If you return to work after your payments begin and you did not remain separated for six months, you will not be considered to have retired. That means you were not entitled to any benefits you received, and you will have to return those benefits to the Fund. You will have to re-apply for a benefit when you decide to retire.

**Disqualifying Employment** before age 65 means work that is ANY of the following:

- for any Contributing Employer or any employer in the same or related business as a Contributing Employer,
- self-employment in the same or related business as any Contributing Employer,
- employment or self-employment in any business that is under the jurisdiction of the Union, OR
- employment with the Union or any Fund or program to which the Union is a party.

**Disqualifying Employment** after you reach age 65 means employment or self employment that is ALL of the following:

- in the plumbing and pipefitting industry or any other industry in which employees covered by the Plan were employed when the participant's pension began,
- in any occupation covered by the Plan, AND
- in any area of the United States in which contributions to the Fund are required to be made by or on behalf of any employer, which includes almost the entire country.

When you reach your "Required Beginning Date," however, federal regulations require that your benefit be paid regardless of whether you work in Disqualifying Employment. If you turned 70½ on or before December 31, 2019, your Required Beginning Date is April 1 of the calendar year following the year you reach age 70½. If you turn 70½ after December 31, 2019, your Required Beginning Date is April 1 in the calendar year following the year you turn age 72.



## Can I work after retirement?

You can return to work after you have retired, but it is important to understand the adverse effect this may have on your benefit. First, as noted above, you cannot work in any Disqualifying Employment for at least 6 months after your payments begin or you will not be considered to have retired. Second, a return to work after retirement may cause your pension payments to be suspended.

If you are under age 65 and return to work in Disqualifying Employment, your pension will be suspended. Also, when you want to re-retire, your pension will not be paid for 6 months after you stop working. If you did not notify the Fund Office within 30 days of your return to work, your pension will not be paid for an additional 6 months.

If you are 65 or over and you work in Disqualifying Employment for 40 or more hours per month, your pension will be suspended for all months you work (unless you have reached your Required Beginning Date as detailed above). Your pension will resume the month following your last day of work.

Either way, you should notify the Fund Office in writing within 30 days of your return to work because there are consequences for failing to do so:

- If you are not yet 65, you will be subject to an additional six-month suspension for failure to give notice as stated above.
- If you are 65 or older and you do not give notice, the Fund will presume that you are working 40 or more hours per month and your pension will be suspended until you give notice that you have ceased working in Disqualifying Employment. You may overcome this presumption by showing that you did not work 40 or more hours.
- If you are in either age category and are working for a construction contractor at a building site, the Fund Office will presume that you have worked for as long as the contractor was actively engaged at the site. You may overcome this presumption by establishing that you did not work for that entire period.

In certain limited cases, such as if there is a manpower shortage and jobs cannot be filled with non-retired members or travelers, your Business Manager and International Representative may request a waiver of the suspension of benefits requirement from the Fund. You still have to meet the definition of retired, ***including being separated from service for 6 months from the date your pension begins***, before you can qualify for a waiver and before one can be requested on your behalf. If granted, the waiver will be for a specific job and for a specific time, and a waiver may not be continued or extended for more than two years in total. For months in which a waiver is in effect, you will continue to receive your pension while you work. You will also earn additional pension credit, and your benefit will be recalculated when you stop working.

For more details on suspension of benefits, please see the Summary Plan Description (SPD) or the Summary on Suspension of Benefits, both of which are available on the Fund's website at <https://uanpf.org/about/plan-documents/>.