

## MASSACHUSETTS LABORERS' PENSION FUND

14 NEW ENGLAND EXECUTIVE PARK • SUITE 200  
BURLINGTON, MASSACHUSETTS 01803-5201  
TELEPHONE (781) 272-1000 or (800) 342-3792 • FAX (781) 272-2226

**Date Application Received  
At Fund Office**

\_\_\_\_\_

### Request for Distribution Due to Retirement, Disability or Death

#### INSTRUCTIONS

Please complete ALL sections, sign where indicated and return to the address shown with the required attachments. If you are married, and if applicable, your spouse will need to sign the form in the presence of a Notary Public. You will need to attach proof of age for yourself and, if applicable, for your spouse, and a copy of your marriage certificate.

Proof of Age can be demonstrated using one of the following documents: birth certificate, baptismal certificate or other certified church record, notification of registration of birth in a public registry of vital statistics, hospital birth record, foreign church or governmental record, a signed statement by the physician or midwife in attendance at the birth, naturalization record; immigration papers, military record, passport, school record. We also require a copy of your Driver's license, or State issued photo I.D. and your Social Security card (the same for your spouse if married). You may submit photocopies.

If you should have any questions, please telephone the Fund Office at one of the telephone numbers listed above. If all sections are not completed, or if the form is not notarized, where applicable, your application cannot be processed. You will receive written notification that the Fund Office has received your request. However, if you do not receive acknowledgement within ten (10) business days, please notify the Fund Office. Your request will be processed and you will be notified of your benefit (usually between 3 to 5 months).

#### PERSONAL DATA FOR MEMBER

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Social Security No. \_\_\_\_\_ Telephone No. \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Spouse's Date of Birth \_\_\_\_\_

Spouse's Social Security No. \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Regardless of the country where you reside, are you a United States Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are not a United States citizen, please provide the country of citizenship \_\_\_\_\_

### EMPLOYMENT AND LOCAL UNION DATA

On what date do you plan to retire? \_\_\_\_\_

If you are still working, on what date will you stop? \_\_\_\_\_

If you have stopped working as a laborer, give the date you last worked \_\_\_\_\_

Name and address of the company you last worked for \_\_\_\_\_

Present Local Union No. \_\_\_\_\_ Book/Membership No. \_\_\_\_\_

Date of original initiation into the laborer's union \_\_\_\_\_ Local No. \_\_\_\_\_

If you were a member of other laborers' local unions, please list them below with the dates you were initiated and/ or transferred \_\_\_\_\_

Have you ever worked as a laborer out-of-state? If yes, where and when \_\_\_\_\_

### MILITARY SERVICE DATA

Have you ever served in the Armed Forces of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please submit copies of military papers:

Dates of service Entered \_\_\_\_\_ Discharged or separated \_\_\_\_\_

Date returned to covered employment \_\_\_\_\_

Name of employer you worked for immediately upon return to covered employment \_\_\_\_\_

### WORKERS' COMPENSATION DATA

Have you ever received workers' compensation for injuries on the job? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the following information:

Contractor's name \_\_\_\_\_ Date injured \_\_\_\_\_

Received compensation from \_\_\_\_\_ to \_\_\_\_\_

Insurance company \_\_\_\_\_ Workers' compensation file no. \_\_\_\_\_

If you incurred more than one (1) injury for which you received workers' compensation benefit payments, please provide the information requested above for each additional injury on a separate piece of paper. If you have any records of your compensation, include copies with your application. If you do not have copies of your workers' compensation, please research your files as it could help for additional pension credits.

### WEEKLY ACCIDENT & SICKNESS BENEFITS

Have you ever received weekly accident and sickness benefits from the Massachusetts Laborers' Health and Welfare Fund for a period of time when you were out of work? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate the dates when you received these benefits.

From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

## TYPE OF PENSION

If eligible, I want to retire on (check appropriate type):

- |  |  |
|--|--|
| <input type="checkbox"/> Regular Pension         | Attained age 62 or older with at least 15 pension credits. (Note, if you do not have at least ¼ credit in 1986 or after, the regular retirement age is 65. Also, for credit earned after 12/31/2009, the regular retirement age is 65.)  |
| <input type="checkbox"/> Early Retirement        | Attained age 55, but are less than 62 with at least 15 pension credits.  |
| <input type="checkbox"/> Service Pension         | Accumulated at least 30 pension credits, regardless of age.  |
| <input type="checkbox"/> Disability Pension      | Accumulated a minimum of 10 pension credits, with at least ¼ credit after 1/1/83, or 15 pension credits prior to 1/1/83 and deemed to be totally and permanently disabled in accordance with the terms of the Plan document.   |
| <input type="checkbox"/> Special Minimum Pension | (A) Attained age 55 with 5 but less than 15 pension credits and have earned at least 1 hour of service after December 31, 1997 while a participant; or (B) has 10 pension credits but less than 15, one of which was accumulated after January 1, 1972.  |
| <input type="checkbox"/> Special Vested Pension  | (A) Attained at least normal retirement age of 62 and has earned a minimum of 10 years of vesting service; or (B) attained at least normal retirement age of 62, and accumulated 5 years of vesting service and has at least one hour of service after December 31, 1988 for non-bargained employees and at least one hour of service after December 31, 1997 for bargained employees. |

## DISABILITY PENSION

Complete this section only if you are applying for a disability pension. Also, you must apply for disability benefits from the Social Security Administration.

Date you first became disabled \_\_\_\_\_  
Month Day Year

Please state the nature of your disability (use additional paper, if necessary) \_\_\_\_\_

Have you applied for a Social Security Disability Pension? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, have you received a decision on your application? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, has your application been approved or rejected: Approved \_\_\_\_\_ Rejected \_\_\_\_\_

If your application has been approved, submit the **Certificate of Award** from the Social Security Administration.

## FORM OF PENSION PAYMENTS

The descriptions of the forms of payment which follow are provided at this time for your information only. These options may be exercised before you receive your pension benefits. After payments commence, you may not change your election. All pension benefits are payable for the member's lifetime.

### 60 Month Guarantee

If you are *not* married, this is the normal form of payment. You will receive a monthly amount for your lifetime, and if you die before 60 payments have been made, your beneficiary will receive the balance of the 60 monthly payments in the same amount you were receiving. If your beneficiary should predecease you or dies before you receive 60 monthly payments, you can name a contingent beneficiary to receive the balance of the 60 monthly payments. If you die after you have received 60 monthly payments, benefits will cease and no further benefits are payable to your beneficiary.

**FORM OF PENSION PAYMENTS (continued)**

**50% Husband and Wife Benefit**

If you are married, this is the automatic form of payment unless you and your spouse choose otherwise. Pension benefits paid in the form of a Husband and Wife Benefit provide that in the event of your death, one-half of your monthly benefit will continue to be paid to your spouse for the rest of their life. There is no reduction for this benefit if you have 1/4 pension credit on January 1, 1988, or later. If you retire on a disability pension and select the 50% Husband and Wife Benefit, this is an actuarially adjusted reduction in your monthly benefit.

**75% Husband and Wife Benefit**

Pension benefits paid in the form of a 75% Husband and Wife Benefit provide that in the event of your death, 75% of your monthly benefit will continue to be paid to your spouse for the rest of their life. The pension benefit amount to which you would normally be entitled will be actuarially adjusted using a formula based on the age difference between you and your spouse considering benefits may be paid over a longer period of time (i.e. the lifetimes of both you and your spouse).

**100% Husband and Wife Benefit**

Pension benefits paid in the form of a 100% Husband and Wife Benefit provide that in the event of your death, 100% of your monthly benefit will continue to be paid to your spouse for the rest of their life. The pension benefit amount to which you would normally be entitled will be actuarially adjusted using a formula based on the age difference between you and your spouse considering benefits may be paid over a longer period of time (i.e. the lifetimes of both you and your spouse).

**120 Certain Payments Options (not available to members on a Disability Pension)**

You have the option of taking a reduced amount of your monthly pension with 120 monthly payments guaranteed. If you elect to take the reduced amount per month, you will be paid this monthly amount for your lifetime, and if you die before 120 payments have been made, your beneficiary will receive the balance of the 120 monthly payments in the same amount you were receiving. If you die after you have received 120 monthly payments, benefits will cease and no further benefits are payable to your beneficiary. If your beneficiary should predecease you or dies before you receive 120 monthly payments, you can name two contingent beneficiaries to receive the balance of the 120 monthly payments

**Lump Sum Re-adjustment Allowance (LSRA) (not available to members on a Disability Pension)**

You may receive a lump sum payment upon retirement in return for a reduction in your monthly benefit. The amount of the reduction will depend on your age when monthly benefit payments begin. The reduction in your monthly benefit will not be more than 10% and the lump sum payment may not exceed \$5,000. Please note that your LSRA payments may be an "eligible rollover distribution." This means that the payment can be rolled over to an IRA or to another qualified retirement plan that accepts rollovers. If you do not roll over your LSRA, a 20% mandatory withholding for Federal Income Tax purposes as well as additional taxes may also apply to your lump sum payment. See the attached Special Tax Notice and be sure to consult your tax advisor.

**BENEFIT ELECTIONS**

Please check the box(s) next to the option(s) that you may want. ***However, you will receive from the Pension Department dollar amounts for all of the options for your selection prior to the Fund office finalizing your application!***

- |   |  |
|---|--|
| <input type="checkbox"/> 50% Husband and Wife Pension   | <input type="checkbox"/> LSRA                                    |
| <input type="checkbox"/> 75% Husband and Wife Pension   | <input type="checkbox"/> LSRA, 50% Husband and Wife Combination  |
| <input type="checkbox"/> 100% Husband and Wife Pension  | <input type="checkbox"/> LSRA, 75% Husband and Wife Combination  |
| <input type="checkbox"/> 120 Certain Payment Options  | <input type="checkbox"/> LSRA, 100% Husband and Wife Combination |
| <input type="checkbox"/> I want to roll over my LSRA to an individual retirement account or to another qualified retirement plan. | <input type="checkbox"/> LSRA, 120 Certain Payment Options       |

Please send my LSRA to the account shown below:

Name of trustee or custodian \_\_\_\_\_ Address \_\_\_\_\_

Account name \_\_\_\_\_ Account # \_\_\_\_\_

**APPLICANT'S STATEMENT**

\_\_\_\_\_ I hereby swear that I am not legally married at this time

\_\_\_\_\_ I hereby swear that I am unable to locate my spouse (additional proof is required if you check this box)

\_\_\_\_\_ I hereby swear that the person completing the Spouse's Statement is my current and legal spouse and that we have been married for 12 months.

I hereby apply for a pension from the Massachusetts Laborers' Pension Fund. The above statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits, and that the trustees will have the right to recover any payments made to me because of a false statement.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**SPOUSE'S STATEMENT (do not complete if elected Husband & Wife Benefit-without LSRA)**

I have received a copy of the Qualified Joint and Survivor Annuity Notice provided by the Plan and understand that I have the right to have the Plan pay my spouse's monthly benefits in the form of a Husband and Wife Benefit.

I hereby consent to my spouse's rejection of the Husband and Wife Benefit and agree that my spouse can receive monthly benefits in the form elected on this form. I understand that neither my spouse nor myself will be entitled to receive any Husband and Wife Benefits.

I understand that my spouse may designate another beneficiary to receive any survivor benefits payable from the Plan after my spouse dies, and that I must agree with the designation. I consent to my spouse's beneficiary designation on this form.

I understand that my spouse cannot choose another form of benefit payments or name a different beneficiary unless I agree to change.

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

**NOTARY'S ACKNOWLEDGEMENT**

State of \_\_\_\_\_ County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ before me came \_\_\_\_\_  
to me known to be the person described in and who executed the foregoing statement and duly acknowledged to me that they executed the same as their free act and deed for the purposes therein contained. In witness whereof I set hereunto set my hand:

Affix seal:

\_\_\_\_\_  
Notary's signature

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

**BENEFICIARY DESIGNATION (complete only if you are not electing any of the husband and wife options)**

If you are not married or if you choose to name a beneficiary other than your spouse, please complete this section. Your spouse will automatically be your beneficiary unless he/she consents to your designation below. Note: if you elected one of the Husband and Wife Benefits, you cannot designate another beneficiary.

Beneficiary's Name	Date of Birth	Social Security #	Relationship
Contingent's Name	Date of Birth	Social Security #	Relationship

**INCOME TAX WITHHOLDING**

The distributions or withdrawals from this Plan are subject to Federal and State Income Tax withholdings unless you elect otherwise. If you do not notify us that you wish to have taxes withheld, we will withhold income tax in accordance with the applicable tax tables.

Please check the appropriate choices below. Note that even if you elect not to have income taxes withheld, you are liable for payment of income tax on your monthly pension benefit. You may also be subject to tax penalties under the estimated tax payment rules if your payments or estimated tax and withholding, if any, are not adequate.

\_\_\_\_\_ I am exempt from Massachusetts income tax withholding because my legal residence (domicile) is elsewhere and the income being paid was not derived from or connected with an occupation, profession, trade or business carried on in Massachusetts.

**Monthly Pension Amounts**

\_\_\_\_\_ I **do not** want to have any Federal or State Income Tax withheld from my monthly pension.

\_\_\_\_\_ I **do** want to have income tax withheld from my monthly pension in the amounts indicated below.

\_\_\_\_\_ In accordance with applicable tax tables:

No. of exemptions: \_\_\_\_\_ Federal \_\_\_\_\_ State  
Marital Status \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Married, but withholding at slightly higher rate

\_\_\_\_\_ In accordance with the following dollar amounts:

\$ \_\_\_\_\_ Federal \$ \_\_\_\_\_ State

\_\_\_\_\_ In accordance with the following percentages:

\_\_\_\_\_ % Federal \_\_\_\_\_ % State

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

\_\_\_\_\_  
**Date**