



# STATIONARY ENGINEERS LOCAL 39 TRUST FUNDS

4160 Dublin Blvd, Suite 100 \* Dublin, CA 94568

Phone: (925) 208-2280 \* Toll Free: (800) 622-0547 \* Fax: (925) 833-7301

[www.Local39Benefits.org](http://www.Local39Benefits.org) \* [l39pension@hsba.com](mailto:l39pension@hsba.com)

## **INSTRUCTIONS FOR COMPLETING YOUR PENSION APPLICATION**

1. Please read each question carefully.
2. Complete all pages of the application in its entirety. It is important that you are as accurate as possible in your replies. Incorrect or incomplete information will delay payment of your pension benefit.
3. **BE SURE TO SIGN AND DATE YOUR APPLICATION.**
4. Mail your completed application and proof of age to the Fund Office *before* the month in which you wish your pension to become effective.

### **Your application cannot be processed without the following document(s):**

- Proof of age for you and your spouse (see instructions below)
- Copy of Certified Marriage Certificate
- Copy of current driver's license or current state I.D. (with photo) for you and your spouse
- If you have ever been divorced, please submit a complete copy of your final divorce decree(s), Qualified Domestic Relations Orders, Separation Agreements, etc.
- Copy of your Social Security Disability Award letter (this is required if applying for Disability Pension)

### **INSTRUCTIONS CONCERNING SUBMISSION OF PROOFS OF AGE**

The acceptable proofs of your age are listed below in two groups. Submit a photocopy of **one (1)** of the items listed in **Group I, if you have it or can possibly obtain it**. If you cannot submit proof from Group I, then you must submit photocopies of **two (2)** of the items listed in **Group II**.

Additional items proving your age **may be requested** if the documents you submit do not constitute convincing proof of your age.

#### **GROUP I**

1. Birth Certificate.
2. Baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such record.
3. Notification of registration of birth in a public registry of vital statistics.
4. Certification of record of age by the U.S. Census Bureau.
5. Hospital birth record, certified by the custodian of such record.
6. A foreign church or government record.
7. A notarized statement by the Physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
8. Naturalization papers
9. Immigration papers
10. Letter from Social Security Administration certifying to your age as it appears on their records.

#### **GROUP II**

1. Military record.
2. Passport
3. School records; certified by the custodian of such records.
4. Vaccination record certified by the custodian of such record.
5. An insurance policy which shows the age or date of birth.
6. Marriage records showing date of birth or marriage (application for marriage license or church record, certified by the custodian of such record).
7. Driver's License.
8. Other evidence such as notarized statements from persons who have knowledge of date of birth.



## STATIONARY ENGINEERS LOCAL 39 TRUST FUNDS

4160 Dublin Blvd, Suite 100 \* Dublin, CA 94568

Phone: (925) 208-2280 \* Toll Free: (800) 622-0547 \* Fax: (925) 833-7301

[www.Local39Benefits.org](http://www.Local39Benefits.org) \* [l39pension@hsba.com](mailto:l39pension@hsba.com)

### **Eligibility Rules for Retirement:**

#### **Regular Pension**

You are eligible to receive a Regular Pension when you reach Regular Retirement Age which is achieved by meeting one of the following criteria:

- Attained age 65 with at least 31 months Credited Future Service, or
- Attained age 60 with at least 60 months of Credited Future Service and has at least 500 hours of Covered Employment within the Plan Year immediately preceding the Annuity Starting Date or in the Plan Year of his Annuity Starting Date for your benefit earned through December 31, 2010, and at least 2,080 hours Covered Employment within the 24 consecutive months immediately preceding the Annuity Starting Date for your benefit earned on and after January 1, 2011, provided;
- You have filed an application in accordance with the Plan provisions.

#### **Early Retirement Pensions**

You are eligible to receive an Early Retirement Pension if **all the following conditions** apply to you:

- You are at least 55 years old, but not yet 65 (Regular Retirement Age).
- You have at least 240 months (20 years) of Credited Future Service (excluding any Credited Service earned as a result of Continuous Non-Covered Employment)
- You have worked in Covered Employment at least 2,080 hours in 24 consecutive months immediately before your Annuity Starting Date.
- You have filed an application in accordance with Plan provisions.

#### **Rule of 70 Early Retirement Pension**

To be eligible to receive a Rule of 70 Early Retirement Pension if **all the following** conditions apply to you:

- You are at least 55 years old, but not yet 65 (Regular Retirement Age).
- You have at least 180 months (15 years) of credited Service (excluding any Credited Service earned as a result of Continuous Non-coverage Employment)
- You had worked at least 2,080 hours in Covered Employment in the 24 months immediately preceding your retirement date.
- You have at least 500 hours of work in Covered Employment in the Plan year immediately preceding your Annuity Starting Date or during the Plan year of your Annuity Starting Date.
- You have earned a benefit prior to July 1, 2008.



## STATIONARY ENGINEERS LOCAL 39 TRUST FUNDS

4160 Dublin Blvd, Suite 100 \* Dublin, CA 94568

Phone: (925) 208-2280 \* Toll Free: (800) 622-0547 \* Fax: (925) 833-7301

[www.Local39Benefits.org](http://www.Local39Benefits.org) \* [l39pension@hsba.com](mailto:l39pension@hsba.com)

### **Suspension of Rule of 70 Early Retirement**

If you elect to retire under the Rule of 70 Early Retirement provision, you must understand that your pension will be automatically suspended if you engage in *Prohibited Employment*. If your pension is suspended for working in Prohibited Employment, you may not retire under the Rule of 70 Early Retirement provision again. Subsequent retirement benefits would begin only at Normal Retirement Age.

### **Disability Pensions**

To be eligible for a Disability Pension the following criteria must be met:

- Not yet reached 65 years of age.
- Earned at least 120 months (10 years) of Credited Future Service excluding any Credited Future Service as a result of work in Continuous Non-covered Employment.
- Worked at least 500 hours in either 36 months (3 years) immediately before the date of total disability (as determined by Social Security) or 36 months (3 years) immediately before the date of the onset of the disabling condition, as established by medical evidence.
- Considered permanently and totally disabled by the Social Security Administration and has received a determination of entitlement to a Social Security Disability Benefit.
- Filed an application in accordance with Pension Plan provisions.
- If an application for a Disability Pension and proof of entitlement to disability benefits from the Social Security Administration are submitted to the Fund Office within 60 days after the notice of the Social Security Administration was issued, such application shall be considered timely, and payment of the Disability Pension shall commence as of the seventh month following the date of disability as determined by Social Security Administration. If such application and notice of entitlement to Social Security disability benefits are not timely submitted, benefits shall commence as of the first of the month coinciding with, or immediately following their receipt by the Fund Office. Payment of a Disability Pension to a terminally ill Participant shall be in accordance with Section 3.09.

**\*\*PLEASE NOTE: PENSION BENEFIT OPTION ELECTION FORMS  
WILL BE MAILED TO YOU AT LEAST 30 DAYS PRIOR TO YOUR  
EFFECTIVE ANNUITY STARTING DATE A.K.A EFFECTIVE DATE OF  
RETIREMENT\*\***



# STATIONARY ENGINEERS LOCAL 39 TRUST FUNDS

4160 Dublin Blvd, Suite 100 \* Dublin, CA 94568

Phone: (925) 208-2280 \* Toll Free: (800) 622-0547 \* Fax: (925) 833-7301

[www.Local39Benefits.org](http://www.Local39Benefits.org) \* [l39pension@hsba.com](mailto:l39pension@hsba.com)

## PENSION APPLICATION

### Participant Information:

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

I hereby apply for (see attached for rules of eligibility):

- ☐ **Regular Pension**
- ☐ **Early Retirement Pension**
- ☐ **Rule of 70 Early Retirement**
- ☐ **Disability Pension** - Please attach a copy of your Disability Benefits Notice of Award from the Social Security Administration.

Date you plan to retire: \_\_\_\_\_

My last Employer with Stationary Engineers Local 39 was/is: \_\_\_\_\_

My last day of employment was/will be: \_\_\_\_\_. I do ☐ / do not ☐ have vacation.

If you are not retiring from Covered Employment with Stationary Engineers Local 39, what is your current employment status: \_\_\_\_\_

**Your retirement date may not be earlier than the first day of the month following the receipt of your retirement application in the fund office.**

### CERTIFICATION

I hereby certify that all of the information furnished by me on this application form is, to the best of my belief and knowledge, true and complete. I understand that this completed application form will be attached to and become part of my application for benefits and that when I submit such application, I must also submit acceptable proof of my age and, if I am married at that time, proof of my spouse's age and a copy of our marriage license. I understand that if I have ever been divorced and/or widowed, I must also provide the Fund Office with a complete copy of all of my Judgments of Divorce and/or Qualified Domestic Relations Orders (including Separation Agreements, Property Settlement Agreements and any similar or related orders with any attachments) and/or the death certificate(s) of my late spouse(s) or ex-spouse(s).

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# STATIONARY ENGINEERS LOCAL 39 TRUST FUNDS

4160 Dublin Blvd, Suite 100 \* Dublin, CA 94568

Phone: (925) 208-2280 \* Toll Free: (800) 622-0547 \* Fax: (925) 833-7301

[www.Local39Benefits.org](http://www.Local39Benefits.org) \* [l39pension@hsba.com](mailto:l39pension@hsba.com)

## CERTIFICATION OF MARITAL/SINGLE STATUS FOR PENSION

Federal Law requires the Trustees to confirm whether a previous spouse is entitled to any portion of your Pension benefits. As such, it is necessary that we request the following certification and supporting documentation. Failure to complete this form fully, *including signing it in front of a notary public*, and providing ALL documentation requested, will result in a delay of the processing of your application.

Participant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Marital Status: ☐ Married ☐ Never Married ☐ Divorced ☐ Divorced & Remarried  
☐ Legally Separated ☐ Widowed

### CURRENT SPOUSE INFORMATION

Spouse Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

### PRIOR SPOUSE INFORMATION

Prior Spouse Name: (if none, please indicate NONE): \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Marriage terminated due to: \_\_\_\_\_  
(Death, divorce, dissolution, other (please specify))

Complete Address (if living): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**IF YOU HAVE MORE THAN ONE PRIOR MARRIAGE, PLEASE ATTACH A SEPARATE SHEET OF PAPER PROVIDING  
THE INFORMATION REQUESTED ABOVE FOR EACH ADDITIONAL MARRIAGE.**

Please provide complete copies of all divorce decrees, separation agreements, Qualified Domestic Relations Orders, and any other accompanying documents related to the termination of your previous marriage(s). The Plan's Legal Counsel reviews all divorce documents.

**I HEREBY CERTIFY THAT ALL OF THE INFORMATION PROVIDED ON THE CERTIFICATION OF MARITAL/  
SINGLE STATUS FORM IS COMPLETE AND ACCURATE.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED BY NOTARY PUBLIC

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

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

On \_\_\_\_\_, before me, \_\_\_\_\_,

Notary Public, personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and have acknowledged to me that they executed the same in their authorized capacities, and that by their signature on the instrument, the persons, or the entity upon behalf of which the persons acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_  
that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



## STATIONARY ENGINEERS LOCAL 39 TRUST FUNDS

4160 Dublin Blvd, Suite 100 \* Dublin, CA 94568

Phone: (925) 208-2280 \* Toll Free: (800) 622-0547 \* Fax: (925) 833-7301

[www.Local39Benefits.org](http://www.Local39Benefits.org) \* [l39pension@hsba.com](mailto:l39pension@hsba.com)

### ADDITIONAL BENEFIT AND/OR VESTING CREDIT

*(If Applicable)*

#### **CREDIT FOR UNIFORMED SERVICE FOR THE UNITED STATES**

If you had worked for a Covered Employer but then served in the United States military, you may qualify for Credited Service and benefits for such period(s) under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA). To qualify for credit for uniformed service benefits you must have:

1. Terminated/been discharged from your uniformed service under honorable conditions.
2. Met USERRA's advance notice requirement before your leave.
3. Remained on leave for no more than five years.
4. You reapplied for employment within the time specified by USERRA.

**The Fund Office will need a copy of your "Report of Separation from the Armed Forces of the United States" (form DD-214) letter.**

Date of Entry \_\_\_\_\_ Date of Discharge \_\_\_\_\_

#### **RELATED UNION WORK**

**If you have had any contributions made on your behalf to another Pension Fund covering workers represented by the International, or any other associated union, please complete the following:**

Name of Fund \_\_\_\_\_ Local Union No. \_\_\_\_\_  
(Please attach separate sheet for additional Local or Fund information)

Location of Fund \_\_\_\_\_ Phone Number \_\_\_\_\_

Years in which contributions were made \_\_\_\_\_

Name of Last Contributing Employer \_\_\_\_\_

The information you provide above will be reviewed upon receipt of your application. Please be aware that there is no guarantee that you will receive additional benefit and/or vesting credit based upon this information. This could be due to any number of reasons, including, but not limited to, lack of eligibility for said credit or that such credit has already been awarded to you.



## STATIONARY ENGINEERS LOCAL 39 TRUST FUNDS

4160 Dublin Blvd, Suite 100 \* Dublin, CA 94568

Phone: (925) 208-2280 \* Toll Free: (800) 622-0547 \* Fax: (925) 833-7301

[www.Local39Benefits.org](http://www.Local39Benefits.org) \* [l39pension@hsba.com](mailto:l39pension@hsba.com)

### PENSION ENHANCEMENT ELECTION

**If you are a Participant in the Stationary Engineers Local 39 Annuity Plan, you may convert your Annuity Plan Account Balance to a monthly pension.**

Participant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I elect to apply \$ \_\_\_\_\_ or \_\_\_\_\_ % of my account balance in the Stationary Engineers Local 39 Annuity Plan.

### **BENEFICIARY DESIGNATION**

(ENHANCEMENT ONLY)

Beneficiary Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

**I understand that the Plan may accept transfer of all or part of a lump sum distribution, but not less than \$10,000. I understand that the Plan shall not accept a transfer before my retirement under the Plan, provided that I have not retired on a Disability Retirement. If I retire on a Disability Retirement, I understand that the Plan shall not accept a transfer until I reach my Normal Retirement Date. I understand that I am subject to all the terms of the Stationary Engineers Local 39 Pension Plan.**

**I understand that if I die before receiving benefit payments equal to the balance, I rolled over from the Annuity Plan my beneficiary will receive a lump sum distribution equal to the amount that I rolled over less the total monthly benefit enhancement payments received.**

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