



## STATIONARY ENGINEERS LOCAL 39 TRUST FUNDS

4160 Dublin Blvd, Suite 400 \* 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)

### **RETIREMENT DECLARATION**

Upon receiving a pension benefit from the Stationary Engineers Local 39 Pension Plan, I declare that I will be bound by the provisions of the Pension, and that:

I understand that in order to be eligible to receive monthly pension benefits, I must be “**RETIRED**” as defined in Section 9.10 and refrain from Prohibited Employment as defined in Section 1.26 of the Plan.

#### **Section 1.26 Prohibited Employment**

Prohibited Employment is employment that meets the following conditions:

- (1) It is in the industry. The term “industry” includes any business activity of a type in which employees were employed in Covered Employment at the time that payment of benefits to the Participant commenced if the Participant had not remained in or returned to employment.
- (2) It is in a trade or craft in which the Participant was employed at any time in Covered Employment.
- (3) It is in the geographic area covered by the Plan, including the State of California.
- (4) Prohibited Employment includes employment meeting the above conditions, that is in a supervisory or self-employed capacity.

#### **Section 9.10 Retirement**

**Before Normal Retirement (age 65):** To be deemed retired, I must cease and refrain from work in Prohibited Employment of 500 hours or more during a Plan Year.

**After Normal Retirement Age and Before the Required Beginning Date:** To be deemed retired, I must cease and refrain from work in Prohibited Employment during a Plan Year which exceeds 39 hours per month. For purposes of this Subsection, the first 500 hours of work in a Plan year shall be disregarded.

#### **Section 1.13 Hours of Work**

“Hours of Work” means each hour for which an Employee is paid or entitled to payment by an Employer for performance of duties during the applicable computation period, including hours for which back pay may be awarded or agreed to by an Employer, and for each hour for which an Employee is directly or indirectly paid or entitled to payment on account of a period of time during which no duties are performed (irrespective of whether the employment relationship has terminated) because of vacation, holiday, illness, incapacity (including disability), layoff, jury duty, military duty or leave of absence.

I understand that if I return to Prohibited Employment as described above after my pension effective date, I will not be entitled to a pension benefit for any calendar month after I have exceeded the hours in which I engage in Prohibited Employment.

I understand that I must notify the Fund Office in writing within **21** days after I start any work of the type described above. I understand that in accordance with the Plan, suspension of pension payments shall not apply for employment in work of the type described in Section 9.10 on or after April 1 following the date I attain age 72.

I understand that if I retire under the Rule of 70 Early Retirement Option I shall not engage in Prohibited Employment as defined in Section 1.26. In the event I do recommence such employment, my pension shall automatically be suspended, and I shall not again be eligible for retirement under the provision of the Rule of 70 Early Retirement and I will only be entitled to retire at the Normal Retirement Age.

I understand that I, personally, must endorse each pension check unless my pension check is sent to my bank for direct deposit.

Please confirm your last day of work, sign, and date this declaration and return it in the enclosed self-addressed envelope. No action will be taken to begin your pension payments until your reply is received.

I certify that my last day of work will be/was \_\_\_\_\_.

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

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