

NECA-IBEW PENSION TRUST FUND
2120 Hubbard Ave. Decatur, IL 62526
BENEFIT APPLICATION AND CERTIFICATION

Requested Effective Date: _____

I hereby apply to the NECA-IBEW Pension Trust Fund for the following Pension Benefits, and being duly sworn under oath, state as follows: (Please mark only one).

- 50% Joint & Survivor
 75% Joint & Survivor
 100% Joint & Survivor
 Normal Retirement
 Total Disability
 Ten Year Certain
 Early Retirement
 Death

A Participant's, or if applicable, a Beneficiary's or Alternate Payee's, form of payment benefit is irrevocable once benefit payments commence.

I submit and attach the following proofs to this application for:

- Normal or Early Retirement Benefits: Members Birth Certificate, Joint & Survivor Waiver Form, Bargaining Status Form.
- Joint and Survivor Retirement Benefits: Birth Certificate for member and spouse, copy of Marriage Certificate, Consent to Retroactive Annuity Starting Date, Bargaining Status Form.
- Disability Benefits: Members Birth Certificate, Medical Examiner's Report, Social Security Award, Bargaining Status Form.
- Pre-Retirement Death Benefits: Bargaining Status Form, Certified Copy of Death Certificate.
- Post Retirement Death Benefits: Certified Copy of Death Certificate.
- Ten Year Certain Benefit: Birth Certificate of member and Beneficiary, Bargaining Status Form, Joint & Survivor Waiver Form

I submit the following information on myself:

Name _____ Birthdate _____
 Social Security No. _____ Local Union Affiliation _____
 Street _____ City _____ State _____ Zip _____

I submit the following information on my Beneficiary:

Name _____ Birthdate _____
 Social Security No. _____ Relationship _____
 Street _____ City _____ State _____ Zip _____

Date _____ Signature _____
Applicant Beneficiary

Subscribed and sworn to before me this day _____
month day year Notary Public (SEAL)

UNION CERTIFICATION

Our records show that this applicant's last employer was or will be _____ and that he/she was employed from _____ to _____ immediately prior to this date of application. His/her last day of work was/will be _____.
 Date _____ Signature _____ Title _____ Local # _____

FUND OFFICE USE ONLY - BENEFIT CALCULATION

A) Future Service Years of Credit _____	B) Early Retirement _____ x _____ % = \$ _____
Past Service _____ x \$2.00 = \$ _____	
Contributions _____ x _____ = \$ _____	C) Joint & Survivor _____ x _____ % = \$ _____
Contributions _____ x 3% = \$ _____ (6/1/03 thru 7/31/06)	
Contributions _____ x 2.5% = \$ _____ (8/1/06 thru 5/31/09)	D) Disability _____ x _____ % = \$ _____
Contributions _____ x 1.0% = \$ _____ (6/1/09 thru current)	Non credited Contributions \$ - _____ (6/1/03 thru current)
Contributions _____ x 2% = \$ _____ (1/1/17 thru current)	
TOTAL \$ _____	GROSS TOTAL MONTHLY BENEFIT: \$ _____

Benefits Approved/Denied Effective Date: _____ 1st Payment Date: _____ Date: _____ By: _____
 (Revised 12-14-16)