

CARPENTERS' PENSION TRUST FUND OF KANSAS CITY

PO Box 909500

Kansas City, Missouri 64190-9500

Telephone 816-756-3313

Application for Retirement Benefits

Please answer all questions in their entirety.

1. I hereby apply for the following Pension

- Regular Pension Service Pension Reciprocal Pension
 Early Retirement Pension Disability Pension

Proposed Date of Retirement Requested: _____

2. Name _____
 Last First Middle

3. Address _____
 Number & Street City State Zip Code

4. Social Security Number _____ 5. Phone Number _____

6. Date of Birth _____ *(Submit Copy of Birth Certificate)*

7. Date you stopped working or plan to stop working _____

a. Current Employer _____

8. Are you Married Single Divorced Widowed

If married, please answer the following questions. *(Submit Copy of Marriage Certificate and Spouse's Birth Certificate)*

a. Spouse's Date of Birth _____ b. Spouse's Social Security No. _____

c. Date of Marriage _____ d. Spouse's Name _____

9. Have you been divorced? Yes No *(Submit Copy of Divorce Decree(s) and Property Settlement(s))*

a. Date(s) of Divorce _____ b. X-spouse's Name(s) _____

10. To which Local do you now belong? _____

a. When did you first join Local? _____

b. Have you ever been a member of any other Local Union that is affiliated with the Carpenters' Pension Trust Fund of Kansas City? Yes No

If yes, what Local were they and for how long did you belong?

Local Union No.	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____

c. If you do not belong to a Local now, to which Local did you belong? _____ year _____

11. After March 31, 1968, did you have any employment with a contributing employer in any capacity other than as a Carpenter? Yes No

If yes, please answer the following questions:

a. Name of Employer _____ Date of Employment _____

Employer's Address _____

Type of Employment _____

12. Have you ever served in the Armed Forces of the United States?

Yes No

13. Have you ever been unable to work because of total disability? Yes No

If yes, fill in the information below:

Cause of Disability	From	To
_____	_____	_____
_____	_____	_____

14. Have you ever collected Worker's Compensation Benefits during a period of total disability?

Yes No If yes, fill in the information below:

Name of Employer at Time of Injury	Date of Workers' Compensation Benefits
	From To
_____	_____
_____	_____

15. If you are applying for a Disability Pension, complete the following:

a. Have you applied for Social Security Disability Benefits? Yes No

If you were granted Social Security benefits, attach a copy of the Social Security Award.

b. Nature of your disability: _____

c. When did you become disabled: _____

d. Name and address of your doctor: _____

e. Date of your most recent examination: _____

Attach a copy of the medical examination report.

f. Have you worked at all, at any occupation since you became disabled? Yes No

If yes, describe your work and periods of employment.

From	To	Employer	Earnings	Kind of Work
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FOR ALL APPLICANTS

I hereby apply for a pension from the Carpenters' Pension Trust Fund of Kansas City and certify all statements in this application are true to the best of my knowledge and belief. If a pension is granted to me, I agree to be bound by all the Rules and Regulations of the Pension Plan and will personally endorse all pension checks received by me.

Signature

Date