

**Building Trades United Pension Trust Fund  
Milwaukee & Vicinity**

**APPLICATION FOR DISABILITY BENEFITS**

**Introductory Note**

This authorized application form is used when applying for benefits payable under the Pension Plan. All the information and signatures asked for must be furnished by you and, if you are married, by your spouse. Copies of certain records are also required in support of this application. You will receive an explanation of the records needed for your application; the amount of benefits to which you, your spouse and beneficiaries may be entitled; and a Benefit Illustration Sheet to help you understand your options.

# Application to the Eligibility Committee of the Board of Trustees

## A. Information About Myself (Participant)

Name in Full \_\_\_\_\_

Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_

City State Zip

Phone ( ) \_\_\_\_\_

Birthdate \_\_\_\_\_

Trade \_\_\_\_\_

Local Union No. (if any) \_\_\_\_\_

## B. Information About My Spouse

Are you currently legally married?  Yes  No

If Yes:

Name of Spouse \_\_\_\_\_

Spouse's Address \_\_\_\_\_

(if different than Participant's)

City State Zip

Maiden Name (if female spouse) \_\_\_\_\_

Social Security # \_\_\_\_\_

Birthdate \_\_\_\_\_

## C. Information About Past Marriages

Have you had any past marriages?  Yes  No

If Yes, list the names of all former spouses along with the dates your prior marriage(s) began and ended.

(1) Former Spouse's name \_\_\_\_\_

Dates of this marriage (from what year to what year?) \_\_\_\_\_

How did this marriage end?  Divorce\*  Spouse

(2) Former Spouse's name \_\_\_\_\_

Dates of this marriage (from what year to what year?) \_\_\_\_\_

How did this marriage end?  Divorce\*  Spouse

(3) Former Spouse's name \_\_\_\_\_

Dates of this marriage (from what year to what year?) \_\_\_\_\_

How did this marriage end?  Divorce\*  Spouse

If you have been married more than 3 times before, please attach a separate piece of paper providing the above-requested information.

If you have ever been divorced, was any portion of your retirement benefits from the Building Trades United Pension Trust Fund assigned to a former spouse as part of a marital settlement agreement or Qualified Domestic Relations Order?  Yes  No

If Yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Note: If you have ever been divorced, you will need to send copies of your divorce decree(s) and marital settlement agreement(s) along with this application if you have not provided them to our office in the past.

\*\*Note: If you have ever been widowed, you will need to send us a copy of your spouse's death certificate if you have not provided it to our office in the past.

## D. Type of Benefit (Select one, or two if Pro Rata)

24-Month Disability Benefit

Total and Permanent Disability Benefit

Pro Rata Benefit

Note: Proof of a Social Security award of disability benefits or a medical report(s) from your doctor(s) on your condition is required to complete your application for disability benefits.

Effective Date \_\_\_\_\_

Annuity Starting Date \_\_\_\_\_

(Annuity Starting Date cannot be prior to the first of the month following receipt of the completed application in the Fund Office.)

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**E. Election of Benefit Option (Select One)**

- Lifetime Only
- Automatic Joint and Survivor
- Pop-up Joint and Survivor
- Non-spouse Survivor (Complete Section F also)

*Note: Depending on your age, marital status, and the type of Disability Benefit for which you are applying, certain benefit options listed above might not be available to you. Your benefit illustration explains the options that are available.*

If you are married and choose an option other than the Automatic Joint and Survivor option, your spouse and you must sign the waiver form provided by the Pension Fund Office. The signatures on the waiver must be notarized or may be witnessed by a Fund representative when your spouse's identity is verified.

You may not change your option selection after your Annuity Starting Date. If you are married and do wish to change your option selection prior to your Annuity Starting Date, your spouse and you may be required to sign a new waiver form provided by the Pension Fund Office.

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**F. Designation of Beneficiary(ies) for Non-spouse Survivor Option**

You should not complete this section **unless** you chose the Non-spouse Survivor option in Section E.

*Note: If you list more than one beneficiary, each person listed will receive an equal share of any benefits payable. If you wish to list more than two beneficiaries, please list all beneficiaries on another piece of paper and attach it to this application.*

Following is/are my beneficiary(ies) for Non-spouse Survivor Benefits:

(1) Name \_\_\_\_\_

(2) Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Date of birth \_\_\_\_\_

SS# \_\_\_\_\_

SS# \_\_\_\_\_

Relationship to you \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

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**G. Work Related Information**

1. Have you worked under the jurisdiction or labor contract of any other local in the construction industry since June 1, 1959?

Yes                       No

If your answer is yes, complete the following:

Local #	Location	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. If your answer to #1 is yes, please read the enclosed Pro Rata Benefit information sheet. After reading it, are you interested in pursuing a Pro Rata Retirement Benefit?

Yes                       No

3. Have you had ownership interest in a company that made contributions to this Fund under a Collective Bargaining Agreement?

Yes                       No

Company Name \_\_\_\_\_

Approximate Dates \_\_\_\_\_

If your answer is yes, was the company incorporated?

(Over Please)                       Yes                       No

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