



Ohio Laborers' Fringe Benefit Programs

PENSION APPLICATION

Laborers' District Council and Contractors' Pension Fund of Ohio

800 Hillsdowne Road
Westerville, OH 43081-3302
www.olfbp.com

Phone: (614) 898-9006
(800) 236-6437
Fax: (614) 898-9169

To applicant: Please complete all questions carefully and print answers. **Be sure to sign, date, and have witnessed the application on page 6** and mail the completed application and other requested documents to the Fund Office at the above noted address. If you have any questions regarding this form or how to complete it, please contact the Pension Department at one of the above telephone numbers. **If you would like to meet with a Benefit Counselor from the OLF BP Fund Office to assist you with the completion of this or all other retirement paperwork as well as help explain the options available, contact the Education Department.**

If you qualify for pension benefits from this Fund, upon receipt of the completed application, you will receive "election forms" which will indicate all of the options you have for receiving your benefit. **The Fund Office recommends that you apply for pension benefits 90 days before you wish for your benefits to commence.**

PERSONAL DATA

Name: _____ SSN: _____
(First) (Middle) (Last)

Address: _____
(Number and Street) (City and State) (Zip Code)

Telephone Number: _____ Date of Birth: _____
Please submit a copy of your state issued Birth Certificate.

Email Address: _____ Local Union Number: _____

Marital Status (please circle one): **Married** **Never Married** **Divorced** **Widowed**

If married, please complete the following and **submit a copy of your Marriage Certificate and your spouse's state issued Birth Certificate:**

Spouse's Name: _____

Spouse's Date of Birth: _____ Date of Marriage: _____

If previously married, number of **previous** marriages (including common law marriages): _____

Names of all previous spouses: _____
Please submit a complete copy of your Divorce Decree (including Separation Agreement if applicable) or Death Certificate for each previous marriage.

If your or your spouse's name on the Birth Certificate and Marriage Certificate do not match, you must also provide a Name Link. This generally occurs if the wife was married previously. A previous marriage certificate, divorce decree, or child's birth certificate from a previous marriage may all work as a Name Link if the maiden name is on the form. Or, you may complete a Name Affidavit, which you can request from the Fund Office.

EMPLOYMENT DATA

Earliest Union Initiation Date or Date First Employed in the Construction Industry in this Fund's Jurisdiction: _____

Last Date You Worked (or Plan to Work) as a Laborer: _____

**Your pension effective date will be the later of two dates: 1) the first of the month after the OLFBP Fund Office has received your Pension Application or 2) the first of the month after your last day worked. You only need to answer the following question if you wish to delay your pension effective date.*

Month in which You Wish to Start Your Pension Benefit*: _____

Have you worked in another Laborers' Pension Fund's Jurisdiction (please circle one)? **Yes** **No**

If Yes, list the name(s) of the other Fund(s) to which contributions were made on your behalf:

Have you served on Active Duty with the Armed Forces of the United States (please circle one)? **Yes** **No**

If Yes, indicate your dates of service and **submit a copy of your DD214 form**: _____

Have you received disability payments from Ohio Bureau of Workers' Compensation (Temporary Total, Living Maintenance, or Wage/Salary Continuation – wage continuation claims only granted after 1/1/08) after December 31, 1975, or from a Welfare Fund in the State of Ohio during a year in which you did not work at least 1,000 hours as a laborer (please circle one)? **Yes** **No**

If Yes, indicate dates and, if applicable, the name of the Welfare Fund: _____

Additionally, please submit a letter or computer printout from the Ohio BWC (or other welfare fund) stating the following:

1. The type of benefits you received.
2. The period of time you received such benefits, including date of injury.
3. The name of company on which the claim was filed.

Note: Effective January 1, 1976, you MAY be credited with 40 hours of employer contributions (up to 1,000 hours in a calendar year, in combination with working hours) for each full week of full disability if you are then receiving disability benefits or, even if you exhausted such benefits, you would otherwise be eligible to receive them from the Ohio Laborers' District Council-Ohio Contractors' Association Insurance Fund, or another Laborers' Health and Welfare Plan in Ohio, or from the Ohio BWC. A maximum of two pension credits or 2,000 hours may be earned in this way during your lifetime.

TYPE OF PENSION BENEFIT REQUESTED

Please check which type of Pension Benefit you wish to apply for at this time. A summary of the eligibility requirements for each type of benefit follows:

- () **Regular Retirement Benefit**
- () **Early Retirement Benefit**
- () **Special Service Retirement Benefit**
- () **Disability Pension Benefit (Please complete Page 4 & Page 5)**

- **Regular Retirement Benefit:** This benefit is for members **age 60 or older** with at least 5 vesting credits and at least one pension credit. To be eligible for this benefit at age 60, you must have at least 500 hours of contributions at the \$1.70 contribution rate and an effective date of January 1, 1996 or after. (If you do not meet these requirements, you must be age 62 to receive this type of benefit. Unless, if you do not have 500 hours in 1980 or after, you must be age 65 to receive this type of benefit. Additionally, 10 vesting credits are required if you have not accrued at least 500 hours at the \$1.70 contribution rate.) This benefit is also for active members age 65 or older with at least 5 years of participation in this Plan without a break in service.
- **Early Retirement Benefit:** This benefit is for members **age 53 but before age 60** with at least 10 years of pension credit. To be eligible for this benefit at age 53, you must have at least 500 hours of contributions at the \$1.70 contribution rate and an effective date of January 1, 1996 or after. (If you do not meet these requirements, you must be age 55 to receive this type of benefit. Unless, if you do not have 500 hours at the \$0.30 rate or higher, you must be age 60 to receive this type of benefit.)
- **Special Service Retirement Benefit:** This benefit is for members **age 53 but before age 60** with at least 30 pension credits. For members who have a pension retirement date of January 2002 or later, the 30 credit eligibility requirement was amended to permit hours worked and credited in another Laborers' Pension Fund's jurisdiction (and for which contributions were not previously reciprocated to this Fund) to be credited for eligibility purposes (but not for benefit accrual). No more than one credit can be earned for each year. The same working and age requirements as Early Retirement are followed for this type of pension. Except, you must have at least 500 hours at \$1.50 rate or higher and retire on or after January 1, 1985.
- **Disability Pension Benefit:** This benefit is for members who are "*permanently and totally disabled*" as defined by the Fund, with at least 10 pension credits. Your disability must have occurred **prior to your Early Retirement age**, and you must have worked at least 250 hours in the calendar year in which the disability occurred or in the calendar year immediately preceding the year in which the disability occurred. The term "*Permanent and Total Disability*" shall mean a condition of an employee which the Trustees find on the basis of medical evidence renders the Employee wholly disabled by bodily injury or disease and will thereby permanently, continuously and fully prevent the Employee, for life, from performing work as a laborer in the industry: provided, however, no Employee shall be deemed to be permanently and totally disabled for the purposes of this Plan if the disability results from participation in a felonious act, an intentionally self-inflicted injury or service in the armed forces of any country.

SOCIAL SECURITY LEVELING OPTIONS

If you are at least Early Retirement age, but less than Social Security normal retirement age when you retire, you may be eligible to receive your benefit in coordination with your Social Security benefit. If elected, this option provides a monthly pension amount that is higher than it would be if you had not elected the Social Security option for each month until you reach Social Security normal retirement age. After you reach Social Security normal retirement age (and for the rest of your life), your pension benefit will be a lower amount.

Would you like to receive the Social Security leveling options with your election forms (please circle one)? **Yes No**

If yes, **please submit a letter from the Social Security Administration stating the estimated amount of your Social Security benefit at normal retirement age.**

By selecting yes, you do not automatically receive your benefit with the coordination of benefits with Social Security. You will have the opportunity to make a final election regarding this option when your elections forms are mailed.

DISABILITY PENSION BENEFIT

If You are Applying for Disability Pension Benefits, please complete the following:

Date You First Became Disabled: _____

Nature of Your Disability: _____

Have You Applied or do You Intend to Apply for Disability Benefits from Social Security (please circle one)? **Yes No**

If Yes, on what Approximate Date did You Apply or Intend to Apply: _____

If Yes, have You Received a Decision (please circle one)? **Yes No**

If Yes, was Your Claim been Approved or Rejected (please circle one) **Approved Rejected**

If You have been Approved for Disability Benefits from Social Security, **please submit a copy of your award letter from Social Security.**

Authorization to Examine Necessary Documents

I, _____, hereby authorize the Trustees of the Laborers' District Council and Contractors' Pension Fund of Ohio to examine my Social Security records and/or any other pertinent documents in regard to my earnings during any calendar year following the effective date of my Disability Pension.

Applicant's Signature

Date

If you are applying for Disability Pension Benefits, please complete this form.

MEDICAL RELEASE FORM

Laborers' District Council and Contractors' Pension Fund of Ohio

I, _____, hereby authorize the doctor named below to release all pertinent medical information as required to the Laborers' District Council and Contractors' Pension Fund of Ohio in connection with my application for a pension benefit from said Fund.

Full Name of Doctor (*please print*): _____

Doctor's complete Address: _____

Doctor's Telephone Number: _____ Fax: _____

Applicant's Signature

Date

Notice: The use of this Medical Release to request medical information on behalf of the applicant for a Pension in no way whatsoever obligates the Laborers' District Council and Contractors' Pension Fund of Ohio to accept or honor any charge for service in connection with submission of said medical information.

CERTIFICATION

I hereby apply for a pension benefit from the Laborers’ District Council and Contractors’ Pension Fund of Ohio. The enclosed statements are true to the best of my knowledge and belief. By signing this page, I hereby authorize any other pension fund signatory to the LIUNA National Reciprocal Agreement to release any and all information regarding my pension benefits to the Laborers’ District Council and Contractors Pension Fund of Ohio. I understand that a false statement may disqualify me for Pension Benefits, and that the Trustees shall have the right to recover any payment made to me because of a false statement. I understand that once I become a pensioner receiving any benefits, other than Disability Benefits, I may be required to forfeit one monthly pension benefit for each calendar month, or any part thereof, that I engage in disqualifying employment. I understand that if I become a disability pensioner and I engage in active employment, I may jeopardize my disability Pension Benefit.

Note: DISQUALIFYING EMPLOYMENT BEFORE REACHING AGE 60*

Disqualifying employment is work that would cause a suspension of a pension. Before age 60*, disqualifying employment is any employment or self-employment in the trade jurisdiction of the Union. Generally, this means work as a laborer. Also, the work is disqualifying only if it is done in the State of Ohio and the counties of Brook and Hancock in the State of West Virginia; and Boone, Campbell, and Kenton counties in the State of Kentucky. Supervising laborers is also considered to be disqualifying.

DISQUALIFYING EMPLOYMENT AFTER REACHING AGE 60*

After reaching age 60*, disqualifying employment is any work of 40 hours or more in a month for an employer obligated to the Pension Plan when your pension payments began. Also, in order to be disqualifying, it must be in the geographic area covered by the Plan (described above) and in an occupation the person worked when he was covered by the Plan. Supervising laborers is also considered to be disqualifying. Once you reach age 70½, there are no restrictions on work in the trade.

WORK THAT IS NOT DISQUALIFYING

Nothing in the rules prevents a pensioner from working in other occupations or in other states while still receiving benefits. For example, work at a gasoline station or food store (in Ohio or anywhere else) would not affect a pension. It is recommended that you contact the Pension Department in writing prior to starting any employment and ask if the work you are going to do would be disqualifying.

Name of Witness (print)

Applicant’s Signature

Witness’ Signature

Date

* If you do not meet the requirements for Regular Retirement at age 60 as stated on Page 3, the disqualifying provisions would not apply until you reach regular retirement age of 62 or 65.