

MAILED FROM
ADMIN. OFFICE

SOUTHERN CALIFORNIA IBEW-NECA TRUST FUNDS
6023 Garfield Ave • Commerce, CA 90040 • (323) 221-5861
Mailing Address: P.O. Box 910918 • Los Angeles, CA 90091

DEFINED BENEFIT PENSION APPLICATION

Local No. _____

Name _____ Soc. Sec. No. _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Telephone (____) _____ Date of Birth _____
(Attach Proof)

Termination Date from Last Employer was (will be) _____ Job Classification _____
(Please provide proof of termination from your last Employer)

Name of Last Employer _____ Telephone (____) _____

Address _____
(Street) (City) (State) (Zip)

Marital Status (Check one) Married Single Divorced * Legally Separated Widowed**

***If you were ever divorced or legally separated you must submit a copy of the complete court document that includes reference to this Pension Plan.**

****If you are widowed please submit a copy of the Death Certificate.**

I hereby apply for the type of benefit checked below: (check one only)

Normal Retirement Early Retirement Total Disability Partial Disability
(65 Years and Over) (Under 65 Years of Age) Benefit* Benefit**

I hereby request an Age Retirement Benefit to be effective on: (check one box below)
 The earliest possible date **OR,** the elected date of: _____ (enter date MM/DD/YYYY)

I hereby request a Disability Retirement Benefit to be effective on: (check one box below)
 The earliest possible date **OR,** the elected date of: _____ (enter date MM/DD/YYYY)

Remember, benefits are always payable on the first day of the month.

*If applying for a Total Disability benefit, check one of the following:

- Social Security Disability Award attached
- Applied for but not received Social Security Award
- I will apply for Social Security Disability immediately

** If applying for a Partial Disability Benefit, enclose a completed Physician Statement and provide medical documentation to support the Physician Statement including medical reports, evaluations and other medical records.

Have you been registered for employment at any IBEW hiring hall within the last 12 months? Yes No What Local? _____

**** Please be advised that registering your name for employment at any IBEW hiring hall could result in a loss of all or a portion of your pension benefits.**

Do you hold a C10 license or any other license that permits you to do electrical work? Yes No

If yes, attach a copy of Inactive License or Notice of Disassociation from the Contractors State License Board

Are you on any C10 license or any other license that permits you to do electrical work? Yes No

If yes, Company name(s) _____

Over..... 

If you hold an Active C10 license or any other license that permits electrical work you may not be eligible to receive pension benefits until you have inactivated the license or removed yourself from the license.

Have you ever performed services in the same trade, craft or industry covered by the Pension Plan, including but not limited to any retail-based instruction, for an entity or as sole proprietor, partner or owner, which is not subject to a collective bargaining agreement with the IBEW requiring contributions to the Southern California IBEW-NECA Pension Plan or any other pension plan subject to the International Pension Reciprocal Agreement? _____ Yes _____ No

If yes, Company name(s), address and date worked: _____

Did you work in a reciprocal area (See attached letter) Yes No What Local? _____

Did you serve in the Military Service in any of the following? Yes No

- World War II
- Viet Nam War
- Korean Conflict
- Berlin Conflict

If Yes, please attach copy of Discharge Papers

NAME YOUR BENEFICIARY I hereby designate the following beneficiary to receive any payments due under the Plan after my death, unless and until a new beneficiary is designated by me in writing to the Administrative Office

Name of Beneficiary _____ Relationship _____

Social Security No. _____ Date of Birth _____

Address _____
(Street) (City) (State) (Zip)

Telephone (____) _____

I have read the Pension Plan and agree to be bound by all the Rules and Regulations of the Pension Plan. I understand that I must notify the Administrative Office if I become employed, become available for employment, or perform services in the electrical construction contracting industry and must abide by the rules concerning the Suspension of Benefits, as contained in the Plan. By signing this Application, I declare that I was not employed, available for employment, or performing services in the electrical construction contracting industry on or after the Benefit Payable Effective Date requested above. I hereby declare, under penalty of perjury, that the foregoing information is correct to the best of my knowledge.

(Date)

(Notarized Signature of Applicant)

State of _____ County of _____ On _____ before me, _____
Name and Title of Officer (e.g., "Jane Doe, Notary Public")

Personally appeared _____, Who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed this instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on this instrument the person or the entity upon behalf of which the person acted, executed this instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal: _____
Signature of Notary Public