

Teamsters Joint Council No. 83 of Virginia

Health and Welfare and Pension Funds

8814 Fargo Road, Suite 200

Richmond, Virginia 23229-4673



PENSION APPLICATION

Social Security # _____ Local Union # _____

Name _____
Last First Middle

Current Address _____
Box/Number Street

City State Zip

Address Upon Retirement (If different from current) _____

Box/Number City State Zip

Married? Yes No Spouse's Name _____
Last First Middle

Spouse's Social Security # _____ Spouse's Date of Birth _____

Home Phone # _____

Desired Pension Effective Date _____ -01-
Mo Day Yr
▶ (This 3-page pension application must be on file at the Fund Office at least 2 months prior to this date unless you are applying for a Disability Pension.)

Date of Birth (Copy of birth certificate is required) _____
Mo Day Yr

Are you now working? Yes No
If yes, date you plan to stop working _____
If no, date you last worked _____
Mo Day Yr

Employment Record

List all periods of employment starting with your present or most recent employer first. Indicate if you worked as a regular (R), full-time (FT), casual (C), part-time (PT) or in a leased operation (L). If you plan to continue working after your pension effective date, you must indicate your current employment information here.

Employer's Name	Employer's Address	Position/ type of work	Period Employed				Local Union #
			From		To		
			MO.	YR.	MO.	YR.	

Military Record

Branch of Service	From		To	
	MO.	YR.	MO.	YR.

If you are applying for a Disability or Early Vested Pension, you will need to submit a copy of your Social Security Disability Award letter. If not yet approved, indicate the date you applied for the Social Security Disability Award. _____

I hereby make application for a Pension under the Teamsters Joint Council No. 83 of Virginia Pension Fund and if granted and accepted, I certify that prior to the first payment of pension benefits to me, I will be retired within the meaning of Article 4, Section 4.12 of the Pension Plan as of the date listed in this application, and, further, that I will remain retired within the meaning of the Pension Plan while I am receiving pension benefits from this Fund. The statements on this application are true to the best of my knowledge and belief. I understand that I may be required to show proof of any statement I make in this application. I further understand that a false statement may disqualify me for pension benefits and that the Trustees shall have the right to recover any payments made to me in reliance upon any false statement.

Signed _____ Date _____

Warning:

Any person who knowingly submits false or incomplete information on this reporting form may be subject to criminal prosecution under 18 U.S.C. § 1027, the penalty for which is a fine of \$10,000 or imprisonment of five years or both.

For your information:

- The Plan pays the first of the month for that month;
- Your application must be on file in the Fund Office at least two (2) full months prior to your pension effective date unless you are applying for a Disability Pension;
- Application may be faxed to meet filing dates. However, you will still need to submit the original to complete processing;
- You will need to submit a copy of your birth certificate.

Office Use Only:

Date Received in Fund Office: _____ By _____