

PENSION AND ANNUITY TRUST FUNDS

4160 Dublin Boulevard, Suite 400 Dublin, CA 94568-7756

Toll Free: (866) 894-3705 * Fax: (925) 833-7301

Email: Paintersinfo@hsba.com Website: www.bayareapainterstrust.org





INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR RETIREMENT BENEFITS

Complete the application in its entirety. Please file the application promptly with the Trust Fund Office even though you may need more time to obtain some of the required attachments. Forward the necessary documents to the Trust Fund Office as soon as possible.

Your application cannot be processed without the following document(s):

- 1. Proof of Age (see instructions below).
- 2. Social Security Disability Award Certificate (if you are applying for a Disability Pension).
- 3. Proof of age for spouse and copy of marriage certificate

INSTRUCTIONS CONCERNING SUBMISSION OF PROOFS OF AGE

The acceptable proofs of your age are listed below in two groups. Submit a photocopy of **one** (1) of the items listed in **Group I**, **if you have it or can possibly obtain it.** If you cannot submit proof from Group I, then you must submit photocopies of **two** (2) **of the items listed in Group II**.

IMPORTANT: Naturalization records, United States Passports and Immigration Papers <u>may not</u> be photocopied. If you are submitting any of these documents, you must send the original. It will be returned to you. Additional items proving your age may be requested if the documents you submit do not constitute convincing proof of your age.

GROUP I

- 1. Birth Certificate.
- 2. Baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such record.
- 3. Notification of registration of birth in a public registry of vital statistics.
- 4. Certification of record of age by the U.S. Census Bureau.
- 5. Hospital birth record, certified by the custodian of such record.
- 6. A foreign church or government record.
- 7. A notarized statement by the Physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
- 8. Naturalization papers (photocopy not permitted; submit original)
- 9. Immigration papers (photocopy not permitted; submit original)
- 10. Letter from Social Security Administration certifying to your age as it appears on their records.

GROUP II

- 1. Military record.
- 2. Passport (U.S. passports may **not** be photocopies; submit original)
- 3. School records; certified by the custodian of such records.
- 4. Vaccination record certified by the custodian of such record.
- 5. An insurance policy which shows the age or date of birth.
- 6. Marriage records showing date of birth or marriage (application for marriage license or church record, certified by the custodian of such record).
- 7. Driver's License.
- 8. Other evidence such as notarized statements from persons who have knowledge of date of birth.



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APPLICATION FOR PENSION BENEFITS

PERSONAL DATA:	
NAME:	
ADDRESS:	
SOC. SEC. NO:/	PRESENT LOCAL UNION:
TELEPHONE #:	DATE OF BIRTH:
MARITAL STATUS:	_(If married, please attach a copy of your marriage license/certificate.)
Never Married: Married: D	Divorced: Divorced & Re-Married: Widowed:
	, you must submit a copy of your court filed Final Judgment of ettlement or Qualified Domestic Relations Order.
IF MARRIED, ENTER SPOUSE'S NAME:	
DATE OF BIRTH:/	SOC. SEC. NO://
(Attach proof of age.)	
DATE YOU PLAN TO RETIRE: MONTH	YEAR
LAST DAY OF WORK: MONTH:	YEAR
THIS IS AN APPLICATION FOR:	
REGULAR PENSION – At least age 65 and	d has achieved Vested Status
SERVICE PENSION – Age 62 with 45,000	0 hours of contributions
- Age 55 with 54,000	0 hours of contributions
- Any age with 60,00	00 hours of contributions
EARLY RETIREMENT PENSION – At le	east age 55 with 10 years of credited service
INFORMATION ONLY – ESTIMATED I	Date of Retirement
Signature	Date:



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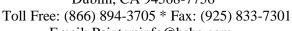
UNION MEMBERSHIP: During my career, I was principally employed as a _ and have been a member at the following Local Unions: Dates of Membership FROM CITY LOCAL UNION # MONTH MONTH EMPLOYMENT HISTORY (The Last 5 Years of Employment MUST Be Indicated) DATES OF EMPLOYMENT UNION JOB TITLE OR CLASSIFICATION NAME OF EMPLOYER CITY MONTH MONTH YEAR PRESENT OR LAST EMPLOYER Or /I am/ or was/ an Owner at _ Name of Company To / From

Signature______Date: _____



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Complete the section below for ALL periods of your work history during which you were out of the industry: FROM то REASON MONTH YEAR MONTH YEAR Military Service (Attach Separation Papers) Illness or Injury (Supply doctor's name and address) **Supervisory Employment** Employer /Position Employment outside Northern California & Northern Nevada: (Location) Worked in another industry or trade: (Type) Self-Employed: Please describe type of work performed during Selfemployment If you are not retiring directly from Covered Employment, indicate your work status from your last date of Covered Employment to the present: _ Signature Date:



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reature of Disability:	
Period From:	to
Nature of Disability:	
Period From:	to
Nature of Disability:	
	Disability Pension. A Disability Pension is not available if your onset of tota nistration to have occurred on or after January 1, 2010.
Date you first became disabled:	
Nature of your disability:	
	you engaged in any employment? Yes No
Have you applied for Social Security Disability	benefits? If so, when?
	benefits? If so, when?
Have you applied for Social Security Disability Are you receiving Social Security Disability Be (If yes, attach Social Security Disability Award MILITARY SERVICE:	riods, due to military service. Complete the following if you served
Have you applied for Social Security Disability Are you receiving Social Security Disability Be (If yes, attach Social Security Disability Award MILITARY SERVICE: You may be entitled to credit for non-working per in the Armed Forces of the United States after Jan	riods, due to military service. Complete the following if you served mary 1, 1940.
Have you applied for Social Security Disability Are you receiving Social Security Disability Be (If yes, attach Social Security Disability Award MILITARY SERVICE: You may be entitled to credit for non-working per in the Armed Forces of the United States after Jan	riods, due to military service. Complete the following if you served
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Have you applied for Social Security Disability Are you receiving Social Security Disability Be (If yes, attach Social Security Disability Award MILITARY SERVICE: You may be entitled to credit for non-working per in the Armed Forces of the United States after Jar I served in the Armed Forces of the United States certify under penalty of perjury that all of the abellisqualify me for benefits, and that the Trustees shotatement. All pensions must be applied for in writing and file information is required, you will be advised. You will	riods, due to military service. Complete the following if you served huary 1, 1940. from: to Month & Year ove statements are true and correct. I understand that a false statement may hall have the right to recover any payments made to me because of a false ed with the Trust Fund Office in advance of its effective date. If any furthe ll be notified in writing of the decision made by the Board of Trustees on you can the first day of the month after the month in which the application is filed