BAY AREA PAINTERS AND TAPERS
PENSION AND ANNUITY TRUST FUNDS
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NORTHERN CALIFORNIA
PAINTING & FINISHING
CONTRACTORS

WACA
WALL AND CEILING ALLIANCE

RETIREMENT DECLARATION

_____

PRINT NAME   **SOCIAL SECURITY NUMBER**

I certify that I am terminating (or have terminated) my employment in the industry on ____/____ / ____.

Upon receiving a retirement benefit from the Bay Area Painters and Tapers Pension Plan, I declare that I will be bound by all the rules and regulations set forth in the Plan.

1. In order to begin to receive your pension, you must be retired. Generally, this means that you have separated from service with your employer and do not have an explicit understanding that you will return to work for that employer in the future. The Plan will consider you to have been retired if you have received pension payments for a period of at least two months.

2. I understand that if I am under age 65, I must withdraw completely and refrain from any employment or self-employment for wages of profit anywhere in the industry in a trade or craft in which I was employed at any time under the Plan for which I receive more than one day's pay in a calendar month (or, if I retired under an Early Retirement or Service Pension, if I return to work for a contributing employer, more than twelve days pay in a calendar year). If I am age 65 or over, I understand that I must refrain from employment of 40 hours or more during any calendar month for wages or profit in the geographical jurisdiction of the Fund in the industry in a trade or craft in which I was employed at any time under the Plan.

3. I understand that I cannot perform work of this type as an employee of public, private, charitable or nonprofit employers as well as a self-employed person, whether performed as a management level employee or otherwise and shall include such jobs as estimator and superintendent. *Exception:* If I receive a Service Pension and become employed performing work solely as an estimator, project manager, purchasing agent, or operations manager by a Contributing Employer, my pension payment shall not be suspended for any calendar month in which I was so employed. Notwithstanding such work as an estimator, project manager, purchasing agent, or operations manager, I am required to meet the criteria in section (1), above. If, after retirement, I return to work as an estimator, project manager, purchasing agent, or operations manager, I will send a letter to the Plan communicating that I have returned to work, and I am no longer performing covered work.

4. I understand that if I am under age 65 and I return to work for wages or profit in the type of work described above, my pension will be suspended for each month of employment and for three additional months. My pension shall be suspended for an additional six months if I fail to notify the Trustees within 31 days following the date I return to such employment. My pension will also be suspended for six months for each calendar quarter in which I have worked one hour or more for a non-contributing employer (this will not apply to the portion of my pension benefit accrued prior to January 1, 1987).

5. If I am receiving a Disability Pension, I understand that I must refrain from all gainful employment. If I lose my entitlement to a Social Security Disability Benefit before age 65, I shall report to the Board of Trustees in writing within 15 days of the date I receive notice from the Social Security Administration. If I fail to file notice, I will suffer the disqualifications provided in the Plan.

6. I understand that I, personally, must endorse each pension check unless electronically transferred into my personal bank account.

Also, I understand that a false statement will disqualify me for pension benefits and that the Trustees shall have the right to recover any payments made to me because of a false statement.

Signature: _____ Date:_____