



Teamsters Pension Trust Fund of Philadelphia and Vicinity

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Dear Member:

As requested, enclosed please find an application for Disability Pension Benefits. Listed below are the instructions for completing these forms:

- 1. Answer all questions in the spaces provided.**
- 2. Have your attending physician answer all questions on page four (4).**
- 3. Sign page three (3) and five (5) where designated.**
- 4. Have page three (3) notarized.**
- 5. Attach proof of birth on yourself. If applicable, attach your spouse's proof of birth and your marriage certificate. A copy of the documents will be acceptable. A list of the items you may submit as proof of birth are listed on page five (5) of the application.**
- 6. Attach copy of social security card(s).**
- 7. Submit a copy of your Social Security Disability Award or Denial letter. If you have not received a decision from the Social Security Administration or if you were denied Social Security Benefits, please provide a copy of ALL medical records pertaining to your disabilities.**
- 8. Return the entire application to the Fund Office as soon as possible.**

Please note, the normal processing time of an application is approximately 30 to 90 days. If we need to contact you regarding your application or for additional information, we will do so by mail.

If you should have any further questions regarding this matter, please contact the Fund office at 1-800-523-2846.

Very truly yours,

**TEAMSTERS PENSION TRUST FUND
OF PHILADELPHIA AND VICINITY**

TEAMSTERS PENSION TRUST FUND OF PHILADELPHIA AND VICINITY

APPLICATION FOR DISABILITY RETIREMENT BENEFITS

Date _____

PLEASE READ ALL INSTRUCTIONS CAREFULLY AND PRINT ANSWERS TO ALL QUESTIONS

(1) Member's Name _____
Last First Middle

(2) Member's Social Security Number _____ Member's Phone Number _____
(Attach a copy of SS card)

(3) Address _____
Number/Street City State Zip Code

(4) Date of Birth (Month/Day/Year) _____ (Attach proof of age)

(5) Date disability began (Month/Day/Year) _____

(6) Marital Status: Single Married Divorced Widowed Separated (Check one box)

NOTE: If you are presently Divorced or Widowed, please attach a copy of Divorce Decree or Spouse's Death Certificate

(7) Spouse's Maiden Name _____
Last First Middle

If spouse's maiden name is different than indicated on the Marriage Certificate, please attach appropriate documents to substantiate each name change.

Spouse's Date of Birth (Month/Day/Year) _____ (Attach proof of age)

Spouse's Social Security Number _____ (Attach a copy of SS card)

Date of Marriage (Month/Day/Year) _____ (Attach copy of Marriage Certificate)

(8) Address to which pension checks should be sent if other than address on line 3.

_____ Number/Street City State Zip Code

(9) Teamsters' Membership (List each period of membership beginning with most recent.)

Local Union No.	City and State	Periods of Membership	
		From	To

TEAMSTERS PENSION TRUST FUND OF PHILADELPHIA AND VICINITY

APPLICATION FOR DISABILITY BENEFITS - Page 3

(13) Record of Disability Benefits

Type of Benefit Received (Weekly Disability Benefit, Workmen's Compensation, etc.)	Period of Disability	
	From	To

(14) List any periods in which you were a member of a Local Union but were not working in Covered Employment, were not employed or were not actively employed for any reason.

Reason	Period of Time

(14) I hereby apply for a disability pension from the Teamsters Pension Trust Fund of Philadelphia and Vicinity. I, being duly sworn, say that I have read and understand the foregoing statements and my answers and information therein contained and that the same are true and correct to the best of my knowledge and belief.

(Application must be notarized if not signed in the presence of a Fund representative)

_____ Member's Signature

Sworn before me this _____ day of _____, 20__

_____ Fund Representative

_____ Notary Public

_____ Date

TEAMSTERS PENSION TRUST FUND OF PHILADELPHIA AND VICINITY

APPLICATION FOR DISABILITY BENEFITS - Page 4

ATTENDING PHYSICIAN'S STATEMENT

Please answer all of the questions listed below. This information will be used to assist the Fund in determining whether the applicant is totally and permanently disabled. This statement is to be furnished without expense to the Fund.

Full Name of Applicant: _____

Date you first began treating this patient for the present illness or injury: _____
Month Day Year

When did the applicant's present illness or injury commence? _____
Month Day Year

When was the applicant obliged to stop working because of this illness or injury? _____
Month Day Year

Did the applicant have a previous history of this illness? ___ Yes ___ No

Please give the symptoms, diagnosis and prognosis for the applicant's present condition:

Is the applicant totally and permanently disabled and unable to engage in any business or occupation whatsoever and, if so, from what date? ___ Yes ___ No _____
Month Day Year

Is the applicant presently: ambulatory bed confined house confined hospitalized (Circle one)

Please indicate from what date. _____
Month Day Year

When, in your opinion, may the applicant be expected to resume any type of employment? _____
Month Day Year

If this disability involves a mental condition, is the applicant competent to endorse checks and direct the use of the proceeds thereof with a clear understanding of the nature of his/her acts? ___ Yes ___ No

Signature of Witness

Signature of Physician

Physician's Name (please print)

Address

Date

TEAMSTERS PENSION TRUST FUND OF PHILADELPHIA AND VICINITY

Proof of Age Report

Member's Name:

Last	First	Middle	Social Security Number
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The following information is being submitted to establish the date of my birth:

This is to certify that to the best of my knowledge and belief, and from the document(s) attached, I am satisfied that _____ may be accepted as the correct date of my date of birth.

Month/Day/Year

Member's Signature

PROOF OF AGE INSTRUCTIONS

Listed below are the various types of proof that you may submit to substantiate your date of birth. Proof as high in order on the list as possible should be submitted if you have it, or if it is readily obtainable, because such proof is generally more convincing. For instance, if you have or can readily obtain a birth certificate, it should be submitted rather than a baptismal certificate or a statement of birth shown by a church record. If you do not have either of these proofs, or they are not readily obtainable, try to submit the proof listed next in order rather than one lower on the list. If you are unable to submit at least one of the first 12 proofs listed, you may be required to submit two or more of the remaining items shown. Photocopies of your proof of age are acceptable; however, please note that Naturalization Papers, U.S. Passports and Immigration Papers may not be photocopies. If any of these items are the only proof of age you have, please submit the original and it will be returned to you.

- 1 A birth certificate
- 2 A baptismal certificate or a statement as to the date of birth shown by a church record which has been 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 United States Census Bureau
- 5 Hospital birth record certified by the custodian of such record.
- 6 Document showing approval of Social Security Retirement Benefits
- 7 A foreign church or government record
- 8 A signed statement by the physician or midwife who was in attendance at your birth, verifying the date of your birth as shown on their records
- 9 Naturalization Papers
- 10 Immigration Papers
- 11 Military record
- 12 Passport
- 13 School record certified by the custodian of such record
- 14 Vaccination record certified by the custodian of such record
- 15 An insurance policy over twenty (20) years old which shows your age or date of birth at the time of purchase
- 16 Marriage records showing your age or date of birth (the application for marriage license, a church record certified by the custodian of such record or a marriage certificate)
- 17 Other evidence such as notarized statements from persons who have knowledge of your date of birth, voting records, poll tax receipts, driver's license, etc.