



Teamsters Pension Trust Fund

of Philadelphia and Vicinity

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Union Trustees

William T. Hamilton
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Dear Member:

Enclosed is a preliminary application to apply for Disability Retirement benefit. This application does not guarantee benefits from the Fund, your eligibility to receive Retirement benefits will be reviewed once all information is received. Please read and follow the instructions listed below:

1. Answer all questions in the spaces provided.
2. Page 4 needs to have your signature notarized.
3. Please provide all copies (if applicable) of: your birth certificate, your spouse's birth certificate, your marriage certificate, your social security card and your spouse's social security card. A baptismal certificate may be substituted for a birth certificate.
4. Military Discharge papers (DD-214), only required if military service was served while in Covered Employment.
5. Submit a copy of your Social Security Disability Award or if applicable, your denial letter. If you are still awaiting your decision from the Social Security Administration, or if you were denied, please submit a copy of your medical records pertaining to your disability.

Your entire application and all requested documents must be returned before we can begin processing your retirement application. Most applications require 60 – 90 days to process. If we need to contact you regarding your application or if we require additional information, we will do so by mail.

If you should have any questions regarding this matter, please do not hesitate to contact the Pension Department at 1-800-523-2846.

Sincerely,

Teamster Pension Trust Fund
of Philadelphia and Vicinity

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Application for Disability Retirement Benefits

Date: _____

Member/Spouse Information

Please read all questions carefully and print your answers

(1) Member's Name: _____
Last First Middle Initial

(2) Social Security #: _____ *Attach copy of Social Security Card*

(3) Member's Address: _____
 _____ Member's Phone #: _____

(4) Member's Date of Birth: _____ *Attach copy of Birth Certificate*

(5) Intended Retirement Date: (Month/Day/Year) _____

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

Note: If you are currently Divorced or Widowed, you must attach a full copy of your divorce decree with any property settlement agreement that might be attached or your spouse's death certificate.

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

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

(8) Spouse's Social Security#: _____ *Attach copy of Social Security Card*

(9) Spouse's Date of Birth: (Month/Day/Year) _____ *Attach copy of Birth Certificate*

(10) Date of Marriage: (Month/Day/Year) _____ *Attach copy of Marriage Cert.*

Teamsters Membership

(List each period of membership beginning with the most recent.)

Local Union #	City and State	Periods of Membership – FROM	TO

Employment History

List all Employment, beginning with your most recent employer.

Name and Address of Employer	Type of Work Performed	Periods of Employment From To

If you need additional space, please use the back of this page.

(11) Last Day of Work: _____

(12) Current Employer: _____

(13) Address and Telephone # of Current Employer: _____

(14) Number of hours you **currently** work each month: _____ Date you plan to terminate this
current employment: _____

(15) Have you ever been a member of the Local Union but were not working in Covered Employment, you were self-employed or not actively employed for any reason? _____

(16) If so, reason you were not in Covered Employment: _____

(17) Time period you were not in Covered Employment: _____

Military Service

(18) Have you ever served in the U.S. Military? _____

Dates of Service: To: _____ From: _____

Attach a copy of discharge or separation papers if time served was while you were in Covered Employment.

I hereby apply for a **Disability** Retirement Pension from the Teamsters Pension Trust Fund of Philadelphia and Vicinity. I, being duly sworn, attest 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.

Member's Signature (*Signature must be notarized or witnessed by a Plan representative*) Date

Fund Representative (witness) Date

Sworn before me this _____ day of _____, _____.
Day *Month* *Year*

Notary Public

Please return a copy of the items marked with a ✓.

- | | |
|--|--------------------------------------|
| Member's Birth Certificate: _____ | Spouse's Birth Certificate: _____ |
| Member's Social Security Card: _____ | Spouse's Social Security Card: _____ |
| Divorce Decree: _____ | Property Settlement Agreement: _____ |
| Marriage Certificate: _____ | Death Certificate: _____ |
| Spouse's Name change verification: _____ | All documents already on file: _____ |
| Social Security Disability Award: _____ | Medical Records: _____ |