



# Teamsters Pension Trust Fund

## of Philadelphia and Vicinity

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TOLL-FREE (800) 523-2846 • FAX (856) 382-2401 • [www.teamsterfunds.com](http://www.teamsterfunds.com)

*Union Trustees*

William T. Hamilton  
Howard H. Wells  
Robert "Rocky" Bryan, Jr.

*Employer Trustees*

Daniel Schmidt  
William J. Einhorn  
David Evans

Dear Member:

Enclosed is an initial application to apply for an Early or Normal 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 3 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. *You may upload this information directly to our website at [www.teamsterfunds.com](http://www.teamsterfunds.com). You must be a registered member to access this portal. If you are not registered, you can easily register when you open the webpage.*
4. Military Discharge papers (DD-214), only required if military service was served while in Covered Employment.

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 Option #2.

Sincerely,

Teamster Pension Trust Fund  
of Philadelphia and Vicinity

# **Teamsters Pension Trust Fund of Philadelphia & Vicinity**

## **Application for Normal or Early 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 #: \_\_\_\_\_ Member's Email Address: \_\_\_\_\_

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

(5) Intended Retirement Date: (Month/Year) \_\_\_\_\_

(6) Type of Retirement you are applying for: Early  Normal  (check one box only)

(7) 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.**

(8) 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.*

(9) Spouse's Social Security#: \_\_\_\_\_ *Attach copy of Social Security Card*

(10) Spouse's Date of Birth: (Month/Day/Year) \_\_\_\_\_ *Attach copy of Birth Certificate*

(11) 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.**

(12) Last Day of Work as Union Member: \_\_\_\_\_

(13) Current Employer if Non-Union: \_\_\_\_\_

(14) Address and Telephone # of Current Employer: \_\_\_\_\_  
\_\_\_\_\_

(15) Number of hours you **currently** work each month: \_\_\_\_\_ Date you plan to terminate your  
**current** Non-Union employment: \_\_\_\_\_

(16) 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? \_\_\_\_\_  
\_\_\_\_\_

(17) If so, reason you were not in Covered Employment: \_\_\_\_\_

(18) Time period you were not in Covered Employment: \_\_\_\_\_

**Military Service**

(19) 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.*

**Record of Disability Benefits**

(20) Have you ever received Weekly Disability Benefits? \_\_\_\_\_

(21) If so, when?(list all dates) \_\_\_\_\_

(22) Have you ever received Workmen’s Compensation Benefits? \_\_\_\_\_

(23) If so, when?(list all dates) \_\_\_\_\_

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

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I hereby apply for an Early/Normal 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 ✓ or upload them to our website [teamsterfunds.com](http://teamsterfunds.com)

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: \_\_\_\_\_