UNITED FOOD AND COMMERCIAL WORKERS UNIONS AND EMPLOYERS MIDWEST PENSION FUND

18861 90th Ave, Suite A ♦ Mokena, IL 60448
800-621-5133 ♦ FAX 847-384-0188 ♦ www.ufcwmidwest.org

Pension Information Request

This packet of forms is the initial step in requesting pension information or in applying for a pension. The personal and employment information you provide on the following forms will allow the Pension Office to begin processing your pension request.

Forms to be Submitted . . .

- MEMBER DATA SHEET—To record your personal and employment information.
- SOCIAL SECURITY AUTHORIZATION—To be forwarded to the Social Security Administration to obtain a transcript of your employment history.
- PROOF OF AGE—Your birth certificate or other acceptable evidence of your age.
- BENEFIT ALTERNATIVE ACKNOWLEDGEMENT—To introduce you to the various ways that your pension can be paid. This form is not included if you are under age 54.

Processing of Your Pension Request . . .

Complete processing of your request will take a minimum of 6 months following receipt of your completed forms. All of your employment information must be verified. The Pension Office records begin with the date you became a member of the Plan (when your employer began contributing into the Pension Fund on your behalf). We must obtain a transcript of your employment history from the Social Security Administration for use in determining if you have any service credit *before* you became a member of the Plan.

We will contact you to provide further information regarding your pension request or if additional data is needed to process your request.

Change in Information After Completing Forms . . .

If there is any change in your address, marital status or employment after submitting the pension forms, please notify the Pension Office in writing.

Pension Plan Information and Assistance . . .

For your information, the Pension Plan Booklet (Summary Plan Description) is included with these pension forms. If you have any questions regarding either your pension or completing the forms, contact the Pension Office.

Proof of Age

In order for us to verify your date of birth, you must submit one of the following:

If you were born in the United States of America . . .

1. Birth Certificate from the State in which you were born or Notification of Birth Registration from the US Department of Commerce, Bureau of the Census. (If you do not know how to obtain a copy of your birth certificate, give us a call and we can provide you with the address of the appropriate agency.)

2. If you do not have either of these, a Notification of Birth Registration from the County in which you were born

3. If none of the above documents exist, submit both

   - a letter from the State in which you were born certifying that a search has been made and no record of your birth exists, and
   - one of the following documents: (a) letter from the Social Security Administration indicating your date of birth according to their records; (b) Baptismal Certificate; (c) Notification of Registration of birth in public registry of vital statistics or (d) copy of passport.

If you were NOT born in the United States of America . . .

Submit as many of the following documents as you have:

- Birth Certificate from the country in which you were born (please submit even if your certificate is not written in English)
- Naturalization and/or Immigration papers
- Baptismal Certificate

Additional proof may be necessary if your evidence is not conclusive.

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Member Data Sheet

Please print in ink the information requested on this data sheet (front and back). Be certain that you sign and date the form in ink at the bottom of this page.

Last Name, First Name, Middle Name		Social Security Number
Previous Names (such as maiden name), if any		Sex ❒ Male ❒ Female
Place of Birth—City and State or Country	Date of Birth—Month/Day/Year	Remember to Enclose Your Proof of Age
Current Address—Full Street Address (post office box number alone is not acceptable)		Area Code/Phone Number
City	State	ZIP Code
Future Address, if known		DATE ADDRESS WILL CHANGE
City	State	ZIP code
Are you currently married? ❒ Yes ❒ No		Marriage Date—Month/Day/Year
Spouse's Name	Spouse's Social Security Number	Spouse's Date of Birth—Month/Day/Year

Are you currently employed?

❒ Yes — May we contact your employer for verification of your employment record? ❒ Yes ❒ No

If we cannot contact your employer at this time, please indicate the date when we may do so (month/day/year) _____

❒ No — What was your last day worked in a position covered under a UFCW Collective Bargaining Agreement? (month/day/year) _____

Current employer's name and address	Your position Number of hrs. you work per month

If you are currently receiving or expect to be eligible for a pension from any other organization, indicate name and address of the other organization:

I certify that the information contained on this Member Data Sheet is true and accurate to the best of my knowledge.

Date _____ Signature _____

COMPLETE REVERSE SIDE

Employment History—This section must be fully completed

List all of your periods of employment that you believe will be considered in determining your pension. Such employment may include employment with employers who make or made contributions into the Fund or who were organized by the United Food and Commercial Workers Union. Do not list periods of self-employment (where you were the owner or proprietor). If your employment was not continuous, complete the "reason for Non-Continuous Employment" section below. If you are disabled, complete the "Disability" section below.

Name of Employer (List Most Recent First)	Street Address, City and State	Job Title or Department	Dates of Employment From Month	From Year	Thru Month	Thru Year	Average Hours Per Week	Local Union

Reason for Non-Continuous Employment

Give the reason and dates for periods during which you were not actively working. For example, periods when you were (1) off work due to sickness, injury, pregnancy; (2) working outside the industry; (3) off work for military service (attach a copy of your military record); (4) working outside local union area; or (5) not working for any other reason (specify reason).

Reason	From Month	From Year	Thru Month	Thru Year

Reason	From Month	From Year	Thru Month	Thru Year

Disability—Complete this section ONLY if you are disabled

Have you applied for Social Security Disability Benefits? ❒ Yes ❒ No If yes, were Benefits ❒ granted or ❒ denied? (Attach copy of Award or Denial letter)

Nature of your disability _____ Date Disability Began _____

Date of last examination _____ Doctor's Name and Address _____

Have you worked at all at any occupation since you became disabled? ❒ Yes ❒ No If yes, complete chart below.

From	Thru	Employer	Monthly Earnings	Kind of Work

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Introduction to Benefit Alternatives

This Introduction and the attached "Benefit Alternatives Acknowledgement" explain the various ways that your pension can be paid under the Plan. The Benefit Alternatives Acknowledgement form provides you with an opportunity to request an estimate of your pension under each of the various pension benefit alternatives.

The information that will be provided if you request estimates of your pension will enable you to compare the amount of your pension with and without the various alternatives and will help you decide which form of payment is best for you. The choice of alternate forms of pension payment is an important family decision. Therefore, if you elect the Single-Life Pension, Federal law requires that your spouse must also sign the Benefit Alternatives Acknowledgement. If you do not have a spouse, please indicate that you are not married or are widowed.

Survivor Protection—for pension payments to continue after your death

The forms of pension payment that provide for the automatic continuation of pension payments to your eligible spouse after your death are called the "50% Joint and Survivor Pension" the "75% Joint and Survivor Pension" and the "100% Joint and Survivor Pension". Your spouse is an "eligible spouse" qualified to become the survivor beneficiary of the Joint and Survivor Pension if you are married on the date your pension commences. The "100% Joint and Survivor Pension" is available to you only if you left Covered Employment after your 54th birthday.

Under these alternatives, your pension is reduced during your lifetime because of the continuation of pension payments after your death. The amount of the reduction will depend on which alternative you elect and on your age and the age of your spouse at the time you retire. The table on the following page shows the approximate percentage of your Single-Life Pension that you would receive with the 50% Joint and Survivor Pension in effect.

The 50% Joint and Survivor Pension is the standard form of pension payment. Your pension will be paid as a 50% Joint and Survivor Pension unless you elect otherwise in writing before your pension begins. Under the 50% Joint and Survivor Pension:

- during your lifetime, you would receive a reduced pension, and
- after your death, your surviving eligible spouse would receive 50% of your reduced pension for life.

The 75% Joint and Survivor Pension is similar to the 50% Joint and Survivor Pension except that your pension is reduced by a higher percentage in order to provide a greater benefit for your spouse:

- during your lifetime, you would receive a reduced pension, and
- after your death, your surviving eligible spouse would receive 75% of your reduced pension for life.

The 100% Joint and Survivor Pension is similar to the 75% Joint and Survivor Pension except that your pension is reduced by a higher percentage in order to provide a greater benefit for your spouse:

- during your lifetime, you would receive a reduced pension, and
- after your death, your surviving eligible spouse would receive 100% of your reduced pension for life.

If you want more information concerning the Survivor Protection forms of pension payment available to you, check the "Request for Estimates of Joint and Survivor Alternatives" box on the Benefit Alternatives Acknowledgment form.

If you do not wish to provide pension payments after your death, you must waive the Joint and Survivor Pension and elect a Single-Life Pension—a pension payable only to you, with payments permanently stopping at the time of your death. Check the "Request for Single-Life Pension" box on the Benefit Alternatives Acknowledgement form. If you are married, your spouse must also sign the Acknowledgement form and both signatures must be notarized by a notary public or personally witnessed by a Trustees' Representative at the Pension Office.

Benefit Election Period

The Pension Plan provides for an Election Period during which you may elect, revoke or change any election. The Election Period expires on the later of the date that your pension begins (or your Normal Retirement Date, if receiving a Disability Pension) or on the 91st day following the date that estimated pension amounts are provided to you by the Pension Office. If your pension payments begin before the Election Period expires, you may only change your election to either the Single-Life Pension or the 50% Joint and Survivor Pension. Once the Election Period has expired, the election cannot be changed or canceled. A Pension Application must be formally filed before any pension can begin. A request for estimated pension amounts does not commit you to any election at this time.

Joint and Survivor Pension Example

You are retiring at age 62 with a monthly Single-Life Pension amount of $300 and wish to provide the 50% Joint and Survivor Pension for your spouse, age 62. Your monthly pension would be $274.44 ($300 x 91.48%) during your lifetime. After your death, your spouse would receive $137.22 (50% x $274.44) for life.

Percentage of Single-Life Pension Payable with the 50% Joint and Survivor Pension Effective

	Your Age When Pension Benefits Begin			
Your Spouse's Age	**55**	**57**	**60**	**62**
53	93.08%	91.86%	89.68%	87.98%
55	93.61%	92.45%	90.37%	88.72%
57	94.14%	93.05%	91.07%	89.49%
60	94.92%	93.94%	92.13%	90.68%
62	95.43%	94.53%	92.84%	91.48%
65	96.16%	95.37%	93.89%	92.67%

This table takes into consideration only the reduction for the 50% Joint and Survivor Pension. Any early retirement reduction is in addition to the reductions shown on the table.

Questions?

If you have any questions or need assistance, please contact the Pension Office toll-free at 800-621-5133.

Benefit Alternatives Acknowledgement

Refer to the "Introduction to Benefit Alternatives" before completing this form.
Complete only if you are over or near age 55 (the earliest benefits can begin). Please use ink.

Check one box only

Joint and Survivor Alternative —

❑ Request for Estimate of Joint and Survivor Alternatives: I request an estimate of my pension payable under all available benefit alternatives, as well as an estimate of my pension payable if I waive the alternatives. I under-stand that I will be given the opportunity to waive or elect any of the alternatives after I receive this information.

Spouse's Printed Name (last, first, middle)	
Spouse Birthdate (month, day, year)	Spouse Social Security Number

or

Single-Life Pension - **spouse signature/notarization required only if married and electing Single-Life Pension**

❑ Request for Single-Life Pension: I hereby waive my right to have pension benefits continue after my death. I want to receive all pension benefits myself. I understand that all pension payments will cease upon my death and that I can-not change this benefit election after my Election Period has expired.

I understand that completion of this Benefit Alternatives Acknowledgement form does not necessarily indicate eligibility for pension benefits. I further understand that requesting an estimate does not commit me to any election.

Date _____ Employee Signature _____

Employee Soc Sec # _____ Employee Printed Name _____

☐ Not Married ☐ Widowed Spouse Signature _____

If you are married and you marked the box "Request for Single-Life Pension" above, your spouse must also sign and both signatures **must be notarized** by a notary public or personally witnessed by a Trustees' Representative at the Pension Office.

State of _____ County of _____

This is to certify that _____ and _____ both personally known to me to be the persons whose names are subscribed to the foregoing Pension Benefit Alternatives Acknowledge-ment appeared before me, _____, a notary public, this _____ day of _____, 20 _____, and expressly acknowledged to me the execution of said foregoing Pension Benefit Alternatives Acknowledgement as their free and voluntary act, and that they understood the foregoing Pension Benefit Alter-natives Acknowledgement and intended to be legally bound by the same.

Signature _____ My Commission & Seal Expire on _____

Notary Public or Trustees' Representative (circle one)

United Food and Commercial Workers Unions and Employers Midwest Health Benefits Fund
United Food and Commercial Workers Unions and Employers Midwest Pension Fund
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Authorization for Release of Health Benefits Information to the Pension Fund

In the course of processing your pension request, the Pension Office may need to contact the Health Benefits Fund to verify hours for which contributions were paid on your behalf and/or periods when you were not working due to disability. This is done to ensure that you receive all credit available to you. Federal law now requires that every adult person must give a written authorization before the Health Benefits Fund may disclose information about your benefits to another person. If an authorization is not on file, the Health Benefits Fund cannot disclose information to the Pension Fund.

Please complete and return this form to us so that the Health Benefits Fund is authorized to disclose to the Pension Fund information regarding your health benefits coverage.

Employee-Member Information

FULL NAME (EMPLOYEE-MEMBER)	UFCW ID# or SOCIAL SECURITY NUMBER	DAYTIME AREA CODE/PHONE NUMBER

STREET ADDRESS	CITY	STATE	ZIP

By signing below, I have authorized the United Food and Commercial Workers Unions and Employers Midwest Health Benefits Plan to disclose my health benefits information as described in this Authorization. I have had an opportunity to review and understand the contents of this entire form and I am confirming that it accurately reflects my wishes:

I am the Employee-Member and I authorize you to disclose information to the United Food and Commercial Workers Unions and Employers Midwest Pension Fund.

Signature_____ Date Signed _____

Description of Information to be Disclosed by the Plan. I understand that the information that may be disclosed by the Plan will include all information created by or received by the Plan related to my eligibility for health benefits and/or payment of health benefits by the Plan.

Expiration of Authorization. This authorization will expire (1) upon the completed processing of my pension request; or (2) when I revoke the authorization in writing.

Right to Revoke. I understand that I have the right to revoke this authorization at any time by notifying the Benefits Fund Office in writing. I further understand that the revocation is effective only after it is received at the Benefits Fund Office and that any use or disclosure made prior to the revocation will not be affected by the revocation.

Voluntary. I understand that I am under no obligation to sign this authorization form. I acknowledge I am voluntarily signing this form to release my health information to the party I have designated.

Benefits Not Conditioned on Authorization Form. I understand that eligibility for benefits is not conditioned on this authorization form.

Potential for Redisclosure. I understand that after my health information is disclosed, federal law might not protect it, and the recipient might redisclose it.

Right to Copy. I understand that I am entitled to receive a copy of this authorization.

Photocopy and Facsimile. A photocopy or facsimile of this signed authorization form shall be considered as valid as an original signed copy.

Purpose of Disclosure: This form authorizes the Plan to disclose my personal health information to the person(s) designated pursuant to my individual request.