

# UNITED FOOD AND COMMERCIAL WORKERS UNIONS AND EMPLOYERS MIDWEST PENSION FUND

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2625 Butterfield Rd, Suite 208E • Oak Brook, IL 60523  
800-621-5133 • FAX 847-384-0188 • [www.ufcwmidwest.org](http://www.ufcwmidwest.org)

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## Pension Inquiry Packet

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 (will be sent if applicable).
- **PROOF OF AGE**—Your birth certificate or other acceptable evidence of your age.

### 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 <input type="checkbox"/> Male <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes — May we contact your employer for verification of your employment record? <input type="checkbox"/> Yes <input type="checkbox"/> No If we cannot contact your employer at this time, please indicate the date when we may do so (month/day/year) _____		
	<input type="checkbox"/> 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:	
Employment Date:		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 _____	

### 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				Average Hours Per Week	Local Union
			From Month	Year	Thru Month	Year		

### 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		Thru	
	Month	Year	Month	Year

Reason	From		Thru	
	Month	Year	Month	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