

Rhode Island Laborers Pension Fund

410 South Main Street, Suite 200
Providence, RI 02903
(401) 942-8690

Pension Application

Please read and answer all questions carefully. Please print all answers. Be sure to sign and date the application and have your signature(s) notarized. Mail or deliver the application with proofs of birth/marriage to the Fund Office at the address above.

Section 1 – Personal Data

Name _____
(First) (Middle) (Last)

Address _____
(Street) (City) (State) (Zip)

Social Security Number: _____ Telephone: _____

Local Union Number: _____ Union Book Number: _____

Date of Birth: _____ (attach proof)

Intended Retirement Date: _____ Date Last Worked: _____

Spouse's Name _____

Spouse's Social Security Number: _____

Spouse's Date of Birth: _____ Date of Marriage: _____
(attach proof) (attach proof)

Section 2 – Type of Pension (check one block)

- ☐ Normal Pension (Age 62 and 5 Pension Credits)
(age and service requirement may be higher depending on when you last worked)
- ☐ Early Pension (Age 55 and 5 Pension Credits)
(service requirement may be higher depending on when you last worked)
- ☐ Service Pension (30 Pension Credits regardless of age)
- ☐ Total and Permanent Disability Pension (10 Pension Credits)
(service requirement may be higher depending on when you last worked)
- ☐ Vested Pension (Age 62 and 5 years of Vesting Service)
(age and service requirement may be higher depending on when you last worked)
- ☐ Pre-Retirement Spouse's Pension (for the spouse of a married vested participant who dies prior to retirement)
- ☐ Death Benefit (Lump sum death benefit for unmarried vested participants)

Section 3 – Form of Payment (check one block)

- ☐ Life Annuity (payable for your lifetime with a 5-year guarantee)
(this is the normal form for unmarried participants)
- ☐ Husband-and-75%-Wife Pension (a reduced amount payable for your lifetime with 75% payable to your surviving spouse for his/her lifetime). I understand if my spouse dies before me, my monthly benefit amount will not change.
(this is the normal form for married participants who earned 500 hours or more in plan year 1999 or a later year)
- ☐ Husband-and-50%-Wife Pension (a reduced amount payable for your lifetime with 50% payable to your surviving spouse for his/her lifetime). I understand if my spouse dies before me, my monthly benefit amount will not change.
(this is the normal form for married participants who did not earn 500 hours or more in plan year 1999 or a later year)

Section 4 – for Total and Permanent Disability Pension only

Date you first became disabled _____

Nature of your disability _____

Have you applied for a Social Security Disability Pension? ☐Yes ☐No

If yes, have you received a decision? ☐Yes ☐No

Was it approved or denied? ☐Approved ☐Denied

Please provide a copy of any decision by Social Security.

Section 5 – Qualified Domestic Relations Orders

Is there a Qualified Domestic Relations Order (QDRO) or other court order which awards part or all of your pension to another person such as an ex-spouse?

☐ Yes ☐ No

If yes, submit a copy of the court order.

Section 6 – Union Membership

Date of your initiation into the Laborers' International Union of North America

Date _____ Local Union No. _____

If membership was not continuous or you were a member of more than one local, please provide names of other locals and beginning and ending dates of membership on a separate sheet of paper.

Section 7 – Military Service

Have you served on active duty in the Armed Forces of the United States?

☐Yes ☐No If yes, give dates and submit a copy of your DD214 or other proof of military service.

Date entered: _____ Date discharged: _____

Section 8 – Worker's Compensation

Have you received Worker's Compensation payments for periods of time you were out of work as a result of a job-related injury?

☐ Yes ☐ No If yes, give beginning and ending dates and submit proof of the time period you received payments.

Date started: _____ Date ended: _____

Date started: _____ Date ended: _____

Section 9 – Accident and Sickness Payments

Have you received weekly accident and sickness benefits for short-term disability from a Health & Welfare Fund for periods of time you were out of work?

☐ Yes ☐ No If yes, give beginning and ending dates and submit proof of the time period you received payments.

From: _____ To: _____ Name of Fund: _____

From: _____ To: _____ Name of Fund: _____

Section 10 – Credit with other Laborers' Pension Plans.

Have you earned service with another Laborers Pension Fund?

Massachusetts Laborers' Pension Fund? ☐ Yes ☐ No

Connecticut Laborers' Pension Fund? ☐ Yes ☐ No

LIUNA National (Industrial) Pension Fund? ☐ Yes ☐ No

_____ ☐ Yes

(name of other plan)

I hereby apply for a pension from the Rhode Island Laborers Pension Fund. The above statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits, and that the trustees have the right to recover any payments made to me because of a false statement. I understand that once I become a pensioner, I will be required to forfeit one monthly benefit payment for each calendar month, or any part thereof, that I engage in covered employment, other than employment as described in Sections 6.09 and 6.10 of the Pension Plan; and that if I violate Section 6.09, my monthly pension payments will be suspended for six additional months after ceasing such prohibited employment. I further understand that I must notify the Trustees within 21 days of returning to covered employment.

(Signature)

(Date)

(Spouse's signature)

(Date)

(Notary Public)