

EMPLOYERS AND LABORERS LOCALS 100 & 397  
PENSION PLAN

BENEFITS INQUIRY

Normal       Early       Late       Disability       Death

Participant: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Retirement / Disability / Death: \_\_\_\_\_

Local:       100       397      Working at the Calling:

Date of Birth: \_\_\_\_\_ Initial Date of Hire: \_\_\_\_\_

Hours worked since most recent August 1: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Spouse: \_\_\_\_\_

Beneficiary (if not spouse): \_\_\_\_\_

Beneficiary's Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A copy of these items MUST be supplied when benefit commencement is elected:**

- 1) Birth Certificate of Participant
- 2) Birth Certificate of Spouse (or Beneficiary)
- 3) Marriage Certificate, if any
- 4) Death Certificate, if applying for a Death Benefit
- 5) If applying for Disability Benefit, copy of Social Security Awards Letter or doctor's statement of total disability and date of disability (the doctor must be acceptable to/or appointed by Trustees)

Note: In order to receive disability benefits, the disability must be incurred while an active participant in the Plan. The disability must exist for at least six months prior to commencement of benefits.