

MOSAIC AND TERRAZZO WORKERS PENSION PLAN

45-34 COURT SQUARE, LIC, NY 11101

PHONE: (718) 729-4416 FAX: (718)729-4417

Application For Pension Benefits

Please read this application carefully before answering any questions. Print your answers to all questions that apply. If any part of this application is not entirely clear, call the Fund Office for assistance, at the above phone number.

I make the following statements and representations to the Trustees of the Fund with the knowledge that said Trustees will rely on the same in granting said payment.

1) Name _____
FIRST NAME OF PARTICIPANT MIDDLE INITIAL LAST NAME SOCIAL SECURITY #

Applicant's Name for Death Benefit: _____
RELATIONSHIP TO DECEDENT

2) Address _____
NUMBER AND STREET CITY STATE ZIP CODE

3) Soc. Sec. #. _____ - _____ - _____ 4) Tele.# (_____) _____ Cell #(_____) _____

5) Date of Birth _____ (Submission of proof required)

6) Marital Status: [] Single, [] Married, [] Divorced (submit proof), [] Widowed, [] Other (explain below)
You must submit a copy of your marriage certificate if married or copy of death certificate if spouse is deceased.
We will also need a copy of your divorce decree and/or Domestic Relations Order if you are divorced.

7) Spouse's Name _____ Date of Birth _____ SS# _____

8) _____
DATE OF INITIATION NAME OF LAST EMPLOYER DATE LAST WORKED (unless applying for a Service Pension)

9) Date you wish benefits to commence: (Month / Year) _____ / _____

10) Type of Retirement Benefit – Please indicate type of benefit you are applying for:

- _____ Normal Retirement (Age 65)
- _____ Service Pension – Any age with 25 years of Future Service (excluding additional credits)
- _____ Early Retirement - Age 62 with 5 years of service, 10 years if last worked before 1997
- _____ Deferred Retirement – last worked before age 62, 5 years required or 10 if last service before 1997
- _____ Disability- Federal Social Security Disability Award -Any Age & 5 years, 10 if last worked before 2000 (*)
- _____ Disability – Unable to Work in Industry –No Soc Sec Award age 50 & 5 years or 10 if last worked before 2001
- _____ Survivor Death Benefits - Date of Member's Death _____ (**)

* You must receive a Social Security Award prior to incurring a Break and submit a copy of your Award
** Death of Member – You must submit a copy of Member's Death Certificate

11) Notes or special Instructions: _____

12) _____
APPLICANT'S SIGNATURE RELATIONSHIP TO MEMBER TODAY'S DATE