

National Electrical Benefit Fund

Participant Pension Benefit Application

To avoid delays in the process and receipt of your benefit, please follow these instructions carefully and completely.

1. Print all information requested.
2. Read and respond to each page carefully.
3. Remember to attach supporting documentation.
4. Remember to **sign and date** this application.
5. Submit original application. Faxes and Xerox copies will not be accepted.

Once your completed application and the required documents are received, the Fund will send you a letter acknowledging receipt of the application. If you do not receive a letter within 30 days, you should contact the Fund's office.

If your claim is denied, a written notice of the reason for denial of benefits will be sent to you.

PLEASE MAIL COMPLETED APPLICATION WITH ATTACHMENTS TO:

National Electrical Benefit Fund
Suite 500
2400 Research Blvd
Rockville, MD 20850-3266

If you have any questions about the National Electrical Benefit Fund or this application, you may call the Fund's office at 301-556-4300 or visit our website at www.nebf.com.

Proof of Age

To be eligible for a pension, you are required to submit proof of age. Submitting one clear photocopy from the Primary Proof list (below on the left) satisfies the proof of age requirement. However, if you cannot submit one primary document, submitting two clear photocopies from the Secondary Proof list (below on the right) may satisfy the proof of age requirement.

Note: If your name on your pension application differs from your name on your proof of age, you must also submit documentation substantiating your name change (marriage certificate, etc.).

Note: If you are presently married, you are required to submit proof of marriage and your spouse is required to submit the proof of age.

Note: If there is a difference between the last name on your spouse's birth certificate and your marriage certificate, you must also submit proof of your spouse's name change (previous marriage certificate, divorce decree, etc).

Primary Proof – One Required
1. Birth Certificate
2. Baptismal Certificate
3. Registration of Birth
4. Naturalization Papers
5. Immigration Papers
6. Passport
7. Hospital Birth Record

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Secondary Proof – Two Required
1. A signed statement by the physician or midwife in attendance at birth. This statement must be notarized.
2. U.S. Census Record. Forms are available through the Post Office.
3. School record certified by the custodian of such records.
4. Military discharge papers.
5. Vaccination record certified by the custodian of such records.
6. The signed application for a life insurance policy and attached insurance policy bearing the age or date of birth of applicant.
7. Marriage records showing the date of birth or age. Application for marriage license, marriage certificate, or church record certified by the custodian of such records.
8. Child's birth certificate showing your age at the time of their birth.

Note: If any of these documents are in a foreign language except for Spanish, a certified English translation is required.

NEBF Participant Pension Benefit Application

1 Participant

What type of pension are you applying for? Normal Early Disability

When is your planned retirement date from the electrical industry or onset date of disability? / /
Month Day Year

Have you been approved for a Social Security Disability Benefit? Yes No Pending

Date of Social Security Disability Award: / /
Month Day Year

Briefly describe your disability and include supporting documentation.

Participant's Social Security Number

- -

Date of Birth

/ /
Month Day Year

One marital status must be checked:

Single Married Divorced Widowed

Mr. Mrs. Ms. Miss

Male Female

First Name

Middle Name

Last Name

Mailing Address Line 1

Mailing Address Line 2

City

State

Zip Code/Postal Code

-

Telephone Number

- -

Country of Citizenship

US Citizen Yes No

US Resident Yes No

EMAIL ADDRESS: _____

NEBF Participant Pension Benefit Application

2 Current Spouse

If you are currently married, please provide the following information concerning your spouse.

Spouse's Social Security Number
[] [] [] - [] [] - [] [] [] [] [] []

Spouse's Date of Birth
[] [] / [] [] / [] [] [] []
Month Day Year

Mr. Mrs. Ms. Miss

Date of Marriage
[] [] / [] [] / [] [] [] []
Month Day Year

First Name
[] []

Middle Name
[] []

Last Name
[] []

Maiden Name
[] []

If your spouse has ever gone by a name other than the one listed on your marriage certificate, please send documentation.

3 Participant's Former Spouse(s)

If you have been previously married, please provide the information below. Note: If divorced, submit complete copies of all signed Divorce Decrees and Marital Settlement Agreements. **Do not list your current spouse.**

LIST ALL PREVIOUS SPOUSE(S)

Former Spouse(s) Name Date Married Date Marriage Ended Reason (Divorce, Death, Etc.)

<u>Former Spouse(s) Name</u>	<u>Date Married</u>	<u>Date Marriage Ended</u>	Reason (Divorce, Death, Etc.)

NEBF Participant Pension Benefit Application

The National Electrical Benefit Fund (NEBF) Trustees have adopted a resolution under which all benefit applications received on or after May 1, 2003, will be processed for direct deposit payments exclusively. Therefore, NEBF applicants will be required to receive their monthly benefit payments in the form of direct deposit to a financial institution.

7 Direct Deposit

	() - -
NAME [PLEASE PRINT]	PHONE NUMBER

SOCIAL SECURITY NUMBER

FINANCIAL INSTITUTION NAME [TRUST ACCOUNTS AND PREPAID BANK ACCOUNTS ARE NOT ACCEPTED]

MAILING ADDRESS

CITY	STATE	ZIP CODE

NAME OF ACCOUNT HOLDER [REQUIRED - PRINTED NAME MUST MATCH NAME ON YOUR SOCIAL SECURITY CARD]

IF YOU ARE AN AUTHORIZED POA, CONSERVATOR OR GUARDIAN - INDICATE BESIDE THE PRINTED NAME

ABA ROUTING NUMBER (MUST BE 9 DIGITS)	ACCOUNT NUMBER (DO NOT INCLUDE THE CHECK NUMBER)

SELECT TYPE OF ACCOUNT: CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/>

I hereby authorize the National Electrical Benefit Fund (NEBF) to initiate credit entries to my account listed above, in the financial institution shown. In the event a credit is made to my account in error, I authorize NEBF to make a correcting entry, provided I am notified of the adjustment. This authorization is to remain in effect until NEBF has received written notification from me terminating it.

SIGNATURE (REQUIRED): _____ DATE: ____/____/____

NEBF Participant Pension Benefit Application

8 Signature

Incomplete or inaccurate information may delay the processing of your NEBF Participant Pension Benefit Application.

I hereby apply for a pension from the National Electrical Benefit Fund. All the information provided in this application is true to the best of my knowledge and belief. I understand that if I make a willfully false or fraudulent statement material to this application, or at any time in the application process, or furnish fraudulent information or proof material to this claim, benefits paid solely on account of my false statement will be denied, suspended or discontinued, and that the Trustees shall have the right to recover any payments made to me because of a false statement. Further, I understand that any false or fraudulent statement made during the application process may subject me to sanctions or prosecution under Federal and State law.

Signature

Date Signed

		/			/				
Month			Day			Year			

If you are not able to sign, place an (X) mark on the signature line above in the presence of a disinterested party. The witness must sign below and include his or her Social Security Number.

Signature of Witness _____

Social Security Number of Witness

			-			-				
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NEBF Participant Pension Benefit Application

9 Required Documents

NEBF has designed a list to help ensure that you have enclosed all necessary documents with your benefit application. **Any missing or incomplete documents may delay the processing of your NEBF Participant Pension Benefit Application.**

Clear copies must be submitted.

Please enclose:

- Copy of your Social Security Card
- Copy of your Birth Certificate/Proof of Age

If you are presently married:

- Copy of Spouse's Social Security Card
- Copy of Spouse's Birth Certificate/Proof of Age
- Copy of Marriage Certificate
- If there is a difference between the last name on your Spouse's Birth Certificate and your Marriage Certificate, please submit proof of any name change.

If you have been previously married:

- Entire copy of all signed divorce decrees, Qualified Domestic Relations Orders (QDROs), separation papers and death certificates

If you are on disability:

- All pages of your signed Social Security Disability Award.

NOTE: If your Social Security Disability Award is more than two years old, you will need to send NEBF proof from the Social Security Administration that (1) lists the date(s) of your entitlement to a Social Security Disability Benefit, and (2) certifies that you are currently receiving a Disability Benefit.

If you or your spouse has ever used a different name:

- If you or your spouse have ever used a different name, please provide supporting documentation (example: adoption papers or court order)

Please review your benefit application to make sure you have filled out all pages completely and accurately.