

REYES SETTLEMENT APPLICATION FORM

PLEASE NOTE: THIS FORM IS TO DETERMINE ELIGIBILITY TO RECEIVE BENEFITS UNDER THE TERMS OF THE REYES SETTLEMENT. COMPLETE THIS FORM AND SUBMIT IT AS INSTRUCTED IF YOU ARE NOT PRESENTLY RECEIVING A PENSION FROM THE PENSION FUND WITH A PENSION EFFECTIVE DATE BEFORE JUNE 1, 2016 AND YOU BELIEVE THAT (A) YOU WOULD HAVE BECOME ELIGIBLE FOR A GOLDEN 80 OR 90 BENEFIT BETWEEN MAY 1, 2012 AND MAY 31, 2016, AND (B) YOU WERE PREVENTED FROM RECEIVING THAT BENEFIT BECAUSE THE 2012 REHABILITATION PLAN REQUIRED PARTICIPANTS TO BE WORKING IN COVERED EMPLOYMENT WHEN THEIR AGE AND SERVICE FIRST REACHED THE TOTAL OF 80 OR 90. PLEASE DO NOT SUBMIT THIS FORM IF YOU ARE PRESENTLY RECEIVING A PENSION FROM THE PENSION FUND WITH A PENSION EFFECTIVE DATE BEFORE JUNE 1, 2016, OR IF YOU KNOW THAT THE SUM OF YOUR AGE AND YEARS IN COVERED EMPLOYMENT DID NOT EXCEED 80 PRIOR TO MAY 31, 2016. FOR MORE INFORMATION, CONTACT *Strategic Claims Services, (866) 274-4004 or www.bakeryclassaction.com or info@bakeryclassaction.com*

IF YOU ARE APPLYING ON BEHALF OF A PARTICIPANT WHO HAS DIED, PLEASE SEE THE SPECIAL INSTRUCTIONS ON THE BACK OF THIS APPLICATION.

PARTICIPANT'S DATA: (Please print or type)

Social Security Number		
Name (Last, First, Middle)		Other Last Name(s)
Address	Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	Date of Birth Month Day Year / /
City, State, ZIP	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Mother's Maiden Name
Telephone Number	Year Started in Industry	Local Union Number
Name of Spouse	Spouse's Social Security #	Spouse Date of Birth Month Day Year / /

EMPLOYMENT HISTORY: ATTACH ADDITIONAL SHEETS IF YOU NEED MORE SPACE

List below the full name and address of all bakery and/or confectionery companies you have worked for, including your last employer. Include all periods of self-employment in the industry. List job classifications and employment dates as exactly as possible. Indicate if your employers are still in business and local union number. Employment Dates
Month / Year

Company Name	Job Classification			From
Address	Local Union #	Union Contract	Company Still in Business	To
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Company Name	Job Classification			From
Address	Local Union #	Union Contract	Company Still in Business	To
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Additional Pension Credit:

1. If you have served in the Armed Forces, you may be entitled to credit for this time. Fill in the dates below and enclose a photocopy of your discharge papers. Credit will only be granted if you went directly from covered employment in the Bakery and Confectionery Industry into the service and returned directly to the Industry when you were discharged.

Date Entered

Date Discharged

2. You may be entitled to additional Pension Credits for Periods in which you were totally disabled.

Please submit documentation from your Doctor, Employer or other sources verifying the dates you were out due to sickness, disability, Worker’s Compensation or any other medical leave.

Applicant’s Affidavit:

I hereby request a determination of my eligibility for a distribution under the Reyes Settlement. I declare under penalty of perjury that the above statements are true to the best of my knowledge and belief.

Date

Signature of Applicant

If an (x) is used for signature, a witness must sign and include his/her Social Security Number

Signature of Witness (If Required)

Social Security Number of Witness

INSTRUCTIONS:

1. Photocopies of the following documents must be submitted with this form:
 - The participant’s birth certificate (or other proof of age).
 - Spouse’s birth certificate (or other proof of age), marriage certificate, and (if applicable) divorce decree, **if** participant is now married, or was married at any time after May 1, 2012.
 - Additional documents described above under “Additional Pension Credit,” if applicable.
 - Additional documents described below for Participant who is Deceased, if applicable.
2. DO NOT MAIL THE COMPLETED FORM TO THE PENSION FUND OFFICE.
3. Either mail the completed form and the necessary documents to: Strategic Claims Services, 600 N. Jackson Street, Suite 3, Media, PA 19063; fax to: (610) 565-7985; or email complete PDFs of the form and documents to: info@bakeryclassaction.com
4. The deadline for submitting applications is August 9, 2017. The Application must be postmarked or emailed by that date.

SPECIAL INSTRUCTIONS TO APPLY ON BEHALF OF A PARTICIPANT WHO HAS DIED:

Along with this form, you must also submit your name, address, telephone number, social security number and the date of the participant’s death. You must enclose (I) the death certificate for the participant and (II) a document that shows you have the right to claim benefits on behalf of the participant (for example, letters of administration issued by a court, a court order admitting a will to probate, or an affidavit for collection of assets owed to a small estate).

IMPORTANT NOTE:

If you are currently receiving a pension other than a Golden 80 or Golden 90 pension, you may still be eligible for a distribution under the Reyes Settlement Agreement. If you receive such a Settlement distribution, it will not affect the pension you are currently receiving. If you received a “Letter of Exemption” in the mail, you do not need to submit this application in order to receive your distribution under the Settlement Agreement. If you are not currently receiving another type of pension, any distribution you receive under the terms of the Reyes Settlement Agreement will not affect your right to receive a pension under the Plan Rules and Regulations in the future. **AND, EVEN IF YOU SUBMIT THIS APPLICATION, YOU STILL WILL NEED TO SUBMIT A REGULAR APPLICATION TO THE PENSION FUND WHEN YOU ARE READY TO RETIRE.**

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Reyes v. Bakery Settlement
c/o Strategic Claims Services
600 N. Jackson Street, Suite 3
Media, PA 19063

IMPORTANT LEGAL DOCUMENT – PLEASE FORWARD