

BAKERY AND CONFECTIONERY UNION AND INDUSTRY INTERNATIONAL PENSION FUND

10401 Connecticut Avenue, Kensington, MD 20895-3960 (301) 468-3742

PENSION EVALUATION

- Mail request for Evaluation to Fund Office.
- PLEASE NOTE: THIS FORM IS FOR EVALUATION ONLY. WHEN YOU ARE READY TO RETIRE, YOU MUST SUBMIT A COMPLETED PENSION APPLICATION. THE INFORMATION PROVIDED ON YOUR PENSION APPLICATION AND YOUR WORK RECORDS, ACCRUED PENSION CREDIT AND OTHER RELEVANT INFORMATION AT THE TIME YOU RETIRE WILL DETERMINE YOUR ENTITLEMENT TO BENEFITS FROM THIS FUND.

I. PERSONAL DATA: Please print or type		E-mail Address:	
SOCIAL SECURITY NUMBER:			
<input type="checkbox"/> MR <input type="checkbox"/> MRS. <input type="checkbox"/> MISS	Last Name	First	Middle
Address		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Other Last Name(s)
City, State, ZIP		Place of Birth	Date of Birth Month / Day / Year
Telephone Number () _____ Area Code	Year started in industry	Local Union No.	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Name of Spouse	Social Security Number:		Mother's maiden name
			Date of Birth Month / Day / Year

II. 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 Number	Union Contract <input type="checkbox"/> Yes <input type="checkbox"/> No	Company Still In Business <input type="checkbox"/> Yes <input type="checkbox"/> No	To /
Company Name	Job Classification			From /
Address	Local Union Number	Union Contract <input type="checkbox"/> Yes <input type="checkbox"/> No	Company Still In Business <input type="checkbox"/> Yes <input type="checkbox"/> No	To /

III. 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.	

IV. PENSION BENEFICIARY FORM

To the Board of Trustees:

I hereby designate as my beneficiary(ies) to receive any benefits that may be payable after my death under the Pension Plan or P-Plan.

BENEFICIARY:

Name Relationship

I hereby designate as my second beneficiary (CHECK ONE):

_____ (A) Jointly with the above beneficiary.

_____ (B) Only, if the above beneficiary is not alive at my death.

BENEFICIARY (Second Choice):

Name Relationship

Date Signature of Pensioner

WORKING AFTER AGE 65

If you are age 65 or over you can continue to work in the Bakery and Confectionery Industry and receive your pension benefits. If you continue to work in the Industry after age 65, you will continue to earn pension credit and your pension benefits will be adjusted annually to take into account any additional pension amounts that you earned in the prior year.

If you want to begin receiving your pension benefits at age 65 and continue to work in the Industry, **you must file a pension application**. Pension benefits are paid the month following receipt of your pension application. Pension benefits are not retroactive to age 65.

V. APPLICANTS AFFIDAVIT:

I hereby request a Pension Evaluation from the Bakery and Confectionery Union and Industry International Pension Fund. The above statements are true to the best of my knowledge and belief. I understand that a false statement may result in inaccurate information being provided to me. I also understand that I must complete a pension application before pension benefits can be paid to me. I understand that if I provide false information on a pension application I may be disqualified for receipt of pension benefits or my pension amount may be reduced or suspended, and that the Trustees have the right to recover any payments made to me because of a false statement.

Date

Signature of Applicant
If an (x) mark is used for signature, a witness must sign and include their Social Security Number

Signature of Witness

Social Security Number of Witness