

Dear Pension Applicant:

We have enclosed a Disability Pension package. Please complete, sign and return all forms in the enclosed pre-paid envelope. Also, submit a copy of the proofs highlighted. If you are not able to have the physician's statement completed now, return the application without it. This may be returned to us under separate cover. However, your application can not be processed without it, so please have it completed as soon as possible. Likewise, if you are unable to immediately locate the requested birth and marriage certificates, they too can be mailed under separate cover.

**A delay in returning the Disability application may result in the loss of benefits.**

**If you worked in the Connecticut or Florida jurisdiction(s), you need to contact them directly and request an application. They can be reached at the following phone numbers:**

**Connecticut (203) 281-5511**

**Florida (800) 813-4914**

Currently, it takes approximately three months to process an application. If you have not received written notice within two months or you have any questions regarding your application, please contact the Pension Fund office.

**NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS  
PENSION FUND  
APPLICATION FOR PENSION**

I hereby apply for the following pension (check one):

Disability \_\_\_\_\_ Pro Rata \_\_\_\_\_

Are you a US citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Resident \_\_\_\_\_

Expiration date of Residency \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Cell Number \_\_\_\_\_ Email Address \_\_\_\_\_

Proof of age must be supported by any one or more of the following: Birth Certificate, Baptismal Certificate, Passport, or Census Record (**Driver's License will not be accepted as valid proof**). If married, please submit a copy of your marriage certificate and your spouse's proof of birth. If divorced, submit certified (seal) copy of divorce papers and any settlement or stipulation. If widowed, submit copy of spouse's death certificate.

Wife's Name (if living) \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Wife's Soc. Sec. # \_\_\_\_\_ Wife's Date of Birth \_\_\_\_\_

Widowed \_\_\_\_\_ Date of Death \_\_\_\_\_ Never Married \_\_\_\_\_ Divorced \_\_\_\_\_ Date \_\_\_\_\_  
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Present Local Union Number \_\_\_\_\_

Last Employer \_\_\_\_\_ Last Day Worked \_\_\_\_\_, 20 \_\_\_\_\_

I have held membership in the following local unions of the United Brotherhood of Carpenters and Joiners of America.

Local Union Number \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Local Union Number \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Military Service Inducted \_\_\_\_\_ Discharged \_\_\_\_\_  
(Please submit discharge papers) Date \_\_\_\_\_ Date \_\_\_\_\_

Have you received or applied for Weekly Disability Benefits from the Carpenters Welfare Fund?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, give dates: From \_\_\_\_\_ To \_\_\_\_\_

Have you received or applied for a Social Security Disability Award?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, date applied: \_\_\_\_\_ If Received, date of entitlement: \_\_\_\_\_

**RECIPROCAL INFORMATION**

Have you ever worked in other jurisdictions?    YES \_\_\_\_\_    NO \_\_\_\_\_

If you have worked in other jurisdictions, you may be entitled to additional vesting credit or a Pro-Rata Pension from reciprocal agreements. In order to receive this credit, please complete the information below:

STATE	CITY	DISTRICT COUNCIL OR LOCAL UNION #	DATES	
			FROM	TO

**DISABILITY INFORMATION**

Are you presently able to work as a carpenter?    YES \_\_\_\_\_    NO \_\_\_\_\_

If you are presently unable to work as a carpenter, please complete the information below:

FROM	DATES		NATURE OF DISABILITY OR ILLNESS
	TO		

**DO YOU HAVE A CURRENT BENEFICIARY CARD ON FILE?**

Yes \_\_\_\_\_    No - Please Send One \_\_\_\_\_

Please note that if you are eligible, a complete report with all options available to you will be sent prior to the finalization of your application.

I agree that pension payments are to be governed in all respects by the provisions of the Pension Plan, or as the same may hereafter be amended, and that the making of any pension payment and its acceptance by me shall not prevent the Trustees from recovering or otherwise affect their right to recover any payment to me in excess of the amount to which I am entitled under the provisions of the Plan, nor shall the making of any pension payments to me obligate the Trustees in any way to make any further payments in any amount whatsoever except as the same may be provided for by the Plan, as it may from time to time be amended.

*Furthermore, I hereby authorize the NYCDCC Pension Fund, or any of its affiliates or agents and their staff performing services in connection with my claim for pension plan benefits, access the birth and marriage certificate(s) through the NYCDCC Welfare Fund (if on file).*

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
EFFECTIVE DATE [1st of the month]  
(Unless over 65 cannot be before the date of this application)

**PART A** – to be completed  
by applicant

**NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS PENSION FUND**  
**395 Hudson Street - New York, NY 10014**  
**Telephone: (212) 366-7300**

The Pension Fund, in furnishing this blank, does so without admitting any liability or waiving any of its rights under the Plan on which this claim is made. The claimant must furnish completed proofs without expense to the Pension Fund. This application must be made by the claimant unless insane or otherwise unable to make claim.

1. Full name of Claimant \_\_\_\_\_
2. Social Security Number \_\_\_\_\_ 3. Local Union # \_\_\_\_\_
4. Are you receiving Weekly Disability Benefits or State Compensation? \_\_\_\_\_
5. Give date of beginning of illness or bodily injury to which you attribute your present condition \_\_\_\_\_  
\_\_\_\_\_

6. Give names and addresses of all physicians consulted at any time for condition causing present disability and date when first consulted.

NAME

ADDRESS

FIRST VISIT

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

7. Have you ever received Unemployment Insurance? \_\_\_\_\_ If yes, give dates \_\_\_\_\_

8. How did your present illness begin? State fully all the symptoms and describe your condition from the beginning of your illness. If "bodily injuries", state when and how it occurred.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. When were you compelled by illness to give up your occupation? \_\_\_\_\_  
Month Year

10. Are you in receipt of a Social Security Disability Award? \_\_\_\_\_  
(If so, please submit a copy of the Award Letter)

11. If not, have you applied for a Social Security Disability Award? \_\_\_\_\_  
(If so, please state the date you applied) \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**PART B** - to be completed by attending physician

**PENSION DISABILITY AFFIDAVIT  
ATTENDING PHYSICIAN'S STATEMENT**

PATIENT'S NAME \_\_\_\_\_

**HISTORY:**

When did symptoms first appear or accident occur?  
Mo. \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Date patient ceased work due to disability:  
Mo. \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Has patient ever had same or similar condition? \_\_\_ Yes \_\_\_ No (If "Yes" state when and describe)

**PRESENT CONDITION - SUBJECTIVE SYMPTOMS:**

Objective findings/ include results of current X-Rays, EKG's, or any other special tests.

Is patient Ambulatory? \_\_\_\_\_ Bed confined? \_\_\_\_\_ House Confined? \_\_\_\_\_ Hospital confined? \_\_\_\_\_

**DIAGNOSIS**

**TREATMENT**

Date of first visit \_\_\_\_\_ Date of last visit \_\_\_\_\_

Frequency of visits: Weekly: \_\_\_\_\_ Monthly \_\_\_\_\_ Other: \_\_\_\_\_

**Progress**

Recovered \_\_\_\_\_ Improved \_\_\_\_\_ Unimproved \_\_\_\_\_ Retrogressed \_\_\_\_\_

**EXTENT OF DISABILITY**

Is patient disabled from performing Carpentry work in heavy construction? Yes \_\_\_\_\_ No \_\_\_\_\_

If "No", when was patient able to go to work? \_\_\_\_\_  
Month Day Year

If "Yes", when do you think patient will be able to resume work? Mo. \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Indefinite \_\_\_\_\_ Never \_\_\_\_\_

If "Yes", is patient a suitable candidate for rehabilitation program? Yes \_\_\_\_\_ No \_\_\_\_\_

**CARDIAC - FUNTIONAL CAPACITY (MERICAN HEART ASS'N)**

\_\_\_\_\_ Class 1 (no limitation) \_\_\_\_\_ Class 3 (marked limitation)  
\_\_\_\_\_ Class 2 (slight limitation) \_\_\_\_\_ Class 4 (complete limitation)

**REMARKS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature

Physician's Name & Address (please print)

Telephone #

Date

## DISABILITY PENSION RULES

\_\_\_\_\_  
Name

\_\_\_\_\_  
Soc. Sec. Number

In retiring on a Disability Pension from the New York City District Council of Carpenters Pension Fund, I declare that I will be bound by the rules and regulations of the Pension Plan and that:

1. I understand that there is a six full month waiting period before my Disability Pension begins.
2. I understand that if I perform *any* work in Covered Employment or self-employment within the collective bargaining jurisdiction of the New York City and Vicinity District Council of the United Brotherhood of Carpenters and Joiners of America while I am collecting a Disability Pension (whether I am collecting a Phase I or Phase II Disability Pension), I will **not** be entitled to a check for that month or for any month thereafter unless I qualify again for a Disability Pension. However, upon attainment of age 70, I may work in covered employment for as many hours as I wish in a month and I will still be eligible for a pension.
3. If I decide to return to any type of work, I must notify the Trustees in writing in advance of my return to work.
4. I understand that, after the end of **Phase I**, I must be totally and permanently disabled to continue receiving a Disability Pension (**Phase II**). I understand that the Trustees may accept my receipt of a Social Security Disability Award as proof of disability for **Phase II**.
5. I understand my Disability Pension Benefits will terminate should my Social Security Disability Benefits terminate or if it is otherwise shown that I am not totally and permanently disabled.

TURN OVER →

6. Upon the attainment of Normal Retirement Age, I understand that I will be subject to all the rules and regulations provided in Article 6.4 as outlined below.

I declare that I have received a copy of these Disability Pension Rules and I understand these Rules, including the consequences of returning to work.

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Signature of Pensioner

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Date

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Signature of Witness

1. Pension Plan prohibits Pensioners from working in any calendar month for 40 hours or more in any Covered Employment, including employment with the City of New York, and any employment or self-employment which is within the jurisdiction of the union regardless whether a collective bargaining agreement actually exists with respect to the employment or self employment involved.
2. I will lose my pension check for any calendar month in which I am employed in the type of employment mentioned above.
3. If I decide to work in prohibited employment, I must notify the Trustees in writing within 30 days **and** when I am no longer in such employment.
4. After a period of 6 consecutive months, in which no pension benefits are payable because of work in prohibited employment, I will no longer be considered a Pensioner for all purpose of the Plan until notify the Fund that I have ceased working in prohibited employment.
5. Once my Pension Benefit is established, it can be increased by earning additional Benefit Credits for work performed. Your pension amount will be adjusted annually to reflect any additional Benefit Credit.
6. Upon attainment of age 70 may work in covered employment for as many hours as I wish in a month without being penalized.

## DISABILITY PENSION RULES

**(PLEASE KEEP THIS COPY FOR YOUR RECORDS)**

Name

\_\_\_\_\_ Soc. Sec. Number

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I declare that I have received a copy of these Disability Pension Rules and I understand these Rules, including the consequences of returning to work.

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Signature of Pensioner

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Date

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Signature of Witness

5. Pension Plan prohibits Pensioners from working in any calendar month for 40 hours or more in any Covered Employment, including employment with the City of New York, and any employment or self-employment which is within the jurisdiction of the union regardless whether a collective bargaining agreement actually exists with respect to the employment or self employment involved.
6. I will lose my pension check for any calendar month in which I am employed in the type of employment mentioned above.
7. If I decide to work in prohibited employment, I must notify the Trustees in writing within 30 days **and** when I am no longer in such employment.
8. After a period of 6 consecutive months, in which no pension benefits are payable because of work in prohibited employment, I will no longer be considered a Pensioner for all purpose of the Plan until notify the Fund that I have ceased working in prohibited employment.
5. Once my Pension Benefit is established, it can be increased by earning additional Benefit Credits for work performed. Your pension amount will be adjusted annually to reflect any additional Benefit Credit.
7. Upon attainment of age 70 may work in covered employment for as many hours as I wish in a month without being penalized.

# IMPORTANT NOTICE – PLEASE READ CAREFULLY

## NECESSITY OF STOPPING WORK FOR PARTICIPANTS WHO HAVE NOT YET ATTAINED AGE 70

The Pension Fund requires that, as a condition of retirement, you must cease all work in Covered Employment. *See* Summary Plan Description at 18 (“To receive your pension, you must ***cease working*** in Covered Employment.”); Pension Plan § 6.4(a) (“In order for a Participant to receive a Pension, he must ***cease working*** in Covered Employment.”) (Emphasis added).

To satisfy this requirement, you must have at least one full calendar month in which you do not perform any Covered Employment.

For example, if you elect to have a January 1<sup>st</sup> pension effective date, you must not work even one hour (or less) in January in Covered Employment. Your pension effective date cannot be in any month in which you worked in Covered Employment. If you perform any work, even only a half hour, in January, your pension effective date cannot be January 1<sup>st</sup>; rather it will be delayed until the first month in which you perform no such work.

*After* you retire – i.e., after you completely stop Covered Employment - you may work in certain types of employment for fewer than 40 hours per month and continue to receive your Pension (except in cases of a Disability Pension). However, this does not mean that your pension effective date can be in any month in which you work fewer than 40 hours in such employment. Rather you must first completely stop working in Covered Employment by having no hours in Covered Employment for a full calendar month.

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PRINT NAME

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SIGNATURE

---

DATE

**I have reviewed my wages worked in Covered Employment from 1956 to 1969 and my hours from 1970 to date and declare the following:**

- (     )     My work record in Covered Employment is correct.
  
- (     )     My work record in Covered Employment is incorrect and I will submit either W-2 forms or a breakdown from Social Security for any year there is a discrepancy. (Remember any year that you agreed with your vacation statement or with the stamps you received need not be submitted.)

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SOCIAL SECURITY #

## **Financial Effect of Failing to Defer Commencement of Benefit Payments**

If you have earned at least 15 Vesting Credits, you can begin receiving your Regular Pension as early as age 55, provided your benefits are not suspended because you are working in disqualifying employment. Since your pension is not reduced based on your age, there is no financial advantage to waiting until age 65 to receive you Regular Pension.

If you have not earned at least 15 Vesting Credits, but have attained Vested Status, you can begin to receive your Regular Pension at age 65, provided your benefits are not suspended because you are working in disqualifying employment.

However, if you elect to defer payment of your pension until after you have reached age 65; your benefit will be actuarially increased for each month your benefits were not suspended. The actuarial increased will be equal to 1 % per month for the first 60 months that your benefits are not suspended, and 1.5 % for each month thereafter. Your benefits will not be suspended once you reach age 70, regardless of whether you are working in disqualified employment. Please refer to page 31 of your summary plan description for an explanation of the plan rules regarding Suspension of Benefits.

Please note that you may not defer payments of your pension later than April 1<sup>st</sup> of the year following the year you reach age 70 1/2 , or April 1<sup>st</sup> following the year you stop working in covered employment, if that is later.

Do not hesitate to contact the Fund office if you have any questions regarding the above.

Very truly yours,  
Board of Trustees

## RELATIVE VALUE OF BENEFIT PAYMENT OPTIONS

### FOR NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS PENSION PLAN

IRS regulations require plans such as ours to give retiring participants a comparison of the relative values of the benefit payment options generally available under the plan. The aim is to help you make an informed choice about the form in which you receive your retirement benefits. "Relative value" means the actuarial present value of each optional form of payment relative to the value of the Qualified Joint and Survivor Annuity (QJSA) (i.e., the 50% Participant-and-Spouse Pension) or, for single people, the plan's normal form of annuity payment.

In our case, the benefit payment options that the New York City District Council of Carpenters Pension Plan makes generally available to its retiring participants have approximately the same actuarial value, for a participant who is the same age as his or her spouse and who is retiring at ages 55, 60, or 65. This is also true for disability pensioners, retiring at ages 45, 50, 55 and 60. This conclusion is based on the valuation and reporting methodologies described in the IRS regulations, which can be found at Tres. Reg. section 1.417(a) (3)-1. Upon your written request, we will give you a similar comparison based on your own age and estimated benefits, and on any other payment forms for which you are eligible.

As noted, the relative values are based on comparing the actuarial value of the benefit payment options to the actuarial value of the QJSA pension (or the normal-form Single Life Annuity). Actuarial values of *pension benefits* are determined using mortality and interest assumptions. Mortality assumptions are based on standardized tables developed by actuarial organizations and life insurance companies, which analyze information about large groups of people to project the rates at which groups of individuals at different ages are expected to die. These statistical mortality projections are used to develop "average life expectancies". The interest assumption is an estimate of the likely investment earnings, over time, on the money put aside to pay the benefits. This is relevant in the determination of actuarial value because investment earnings will provide some of the funds to pay the benefits.

Here the values were calculated, for comparison purposes, assuming 7.5% interest and that, on average, participants would live as long as predicted under the 1983 Group Annuity Mortality Table with margin (weighted 50% male and 50% female) for participant and spouse. However, for comparing the Social Security Level Income Option to the QJSA and the Single Life Annuity, the interest assumption was 5.42% and the mortality table was the 1994 Group Annuity Reserving Table, unloaded, projected to 2002 with scale AA (weighted 50% male and 50% female) for participant and spouse, as required by the IRS regulation.

It is important that you realize that this is not a guarantee or even a prediction of what you will actually receive after you retire. You should not rely upon it as if it were. The actual value of a stream of annuity payments for any individual, and its comparison to the values of different payment forms, will vary depending on how long the individual and spouse or beneficiary in fact live and on their ages when payments start. This is not the only information you should take into account when choosing your payment form for retirement. Other factors you might want to take into account in deciding how much a particular payment option is worth to you personally, in comparison to the other forms in which your pension can be paid, include your health, your other sources of retirement income, the resources available to your spouse or family after you die, availability of life insurance, etc. You may want to consult a financial advisor when you make this important decision.

To obtain an individual relative values estimate, please send a written request to the Carpenters Pension Fund at 395 Hudson Street, NY, NY 10014.

Very truly yours,  
BOARD OF TRUSTEES