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Web: [www.uanpf.org](http://www.uanpf.org)

## United Association National Pension Fund

### Application Booklet

**DO NOT USE THIS APPLICATION IF YOU ONLY WANT A BENEFIT ESTIMATE.**

To request a benefit estimate, write or call the Fund Office or submit a request via email at [www.uanpf.org/contact](http://www.uanpf.org/contact)

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Trustees: Mark McManus, Patrick H. Kellett, Michael A. Pleasant, Smitty G. Belcher, Michael W. Gossman, Kevin T. Armistead



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### **DISABILITY PENSION APPLICANTS**

If you are applying for a Disability Pension, you should follow the instructions provided in this booklet, paying special attention to those highlighted in the shaded blocks for additional details relative to the Disability Pension. Complete the appropriate disability related item on the application form, also highlighted in the shaded block.

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## **Instructions For Completing Your Application**

To apply for your benefit, you must completely fill out the Application for Benefits form provided in the center of this booklet. The Fund Office will only accept the official application form in effect just prior to your retirement. Read the instructions carefully before completing your application.

1. **Name:** Provide your full name including middle initial and suffix (Sr., Jr., etc.) if applicable. If applicable, indicate your maiden name.
2. **Social Security Number:** You must provide your Social Security Number for tax reporting purposes. You must enclose a copy of your Social Security Card.
3. **Telephone Number:** Provide a daytime telephone number where we can reach you.
4. **Address:** Provide the address for the Fund Office to send written correspondence to you. If you use a P.O. Box, you must also provide your physical address.
5. **Date of Birth:** Provide your birth date (month, day, year). You are also required to provide proof of age. **You may submit a copy of your proof of age; however, if the copy is unclear or incomplete, we will ask you to submit an original or official certified copy of one of the documents listed below.** You are required to provide a birth certificate if available. If a birth certificate is not available, you should submit the next best type of proof from the following (listed in order of preference):
  - a. Birth certificate.
  - b. Notification of registration of birth in a public registry of vital statistics.
  - c. Hospital birth record, certified by the custodian of such records.
  - d. Current driver's license.
  - e. Passport.
6. **Current Home Local Union Number:** Provide your Local Union number.
7. **Original Initiation Date:** Provide the date you first became a member of the United Association.
8. **Date first worked at the Trade:** Provide the date that you began working at the trade even if it is prior to your Initiation Date.
9. **My last day of work was/will be:** Provide the last date you intend to work or worked in the plumbing and pipefitting industry. This should be your actual last day of work and not the day you want your pension to begin. Retirement/Disability Declaration – you must certify that you have stopped or will stop working in the plumbing and pipefitting industry on the date indicated. This includes self-employment.
10. **I would like my Effective Date of Benefits to be:** Provide the date you want your pension to begin. The date must be the first day of the month. Your Effective Date of Benefits CANNOT be on or before the date you list as your last day of work in Item 9 on the Application for Benefits form. Your Effective Date of Benefits cannot be before you submit your application to the Fund Office. Refer to the cover of the Application for Benefits form

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for detailed information regarding your Effective Date of Benefits. You have the right to defer your Effective Date of Benefits to a later date at any time prior to when payments begin. However, your benefits may not be deferred later than the April 1 following the Calendar year in which you attain age 72.

If you are eligible for a Disability Pension and the date of your Disability is prior to your Effective Date of Benefits, your first benefit payment may include your monthly benefit for that month plus an "auxiliary" amount. The auxiliary amount is equal to your monthly benefit amount multiplied by the number of months between your Effective Date of Benefits and your Date of Disability, excluding any months of employment that would be Disqualifying Employment.

For this purpose, the Date of Disability shall be the first of the month after the month that the disability begins as determined by the Social Security Administration.

11. **Marital History:** Place a check mark () as needed to indicate your current and former marital status. If you are currently married provide your spouse's full legal name, Maiden Name, Former Married Name (if applicable), Date of Birth, and Social Security Number. Provide the date of your marriage and proof of your spouse's age (see item 5 for acceptable documents).

If you are currently married, you must submit a copy of your Marriage Certificate. Marriage licenses are not acceptable. If you cannot obtain a copy of your Marriage Certificate, contact the Fund Office to determine if other documents would be acceptable as proof of marriage.

Common law marriage is an informal means of entering into the marital relationship that is recognized in some states. The means for proof of common law marital status depends upon the state of your residence at the time of application for benefits and the state within which the common law relationship was begun. If you are married by common law marriage, you should make note of this on your application form so the Fund Office can identify the documentation that is acceptable as proof of marriage.

Even if you are legally separated from your spouse but not yet divorced, for pension purposes the Plan will treat you as a married Participant, and you will have to provide a copy of your Marriage Certificate and the requested information about your spouse.

If you have been divorced, you must submit a copy of each adjudicated divorce decree. Provide your former spouse(s) name, Social Security Number, if available, and Date of

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Divorce. If you submit a copy that is unclear or incomplete the Fund Office will request that you provide an original or court-certified copy.

You must submit an original or court-certified copy of any Qualified Domestic Relations Order (QDRO), or other domestic relations order in which you are named as the Participant. In the space provided, list all individuals with whom you have a QDRO or similar order as described above.

If you are widowed, you must submit an original or certified copy of your late spouse's Death Certificate.

12. **Names, Ages, and Social Security Numbers of Children:** This information should be provided in case your spouse or designated beneficiary does not survive you. In the absence of a designated beneficiary or a surviving spouse, any death or survivor benefit due under this Plan, other than a joint and survivor pension, will be paid to your surviving children, if any, divided equally between them. This information can also be useful if we have trouble locating you in the future.
13. **Military Service:** If you served in the military after you started work in the plumbing or pipefitting industry, indicate your dates of service and enclose a copy of your discharge papers (Form DD-214) with your application.
14. **Benefit Being Applied for:** You may only apply for one type of benefit. Place a check mark () next to the Benefit for which you are applying (either a., b.1., or b.2.).
  - a. **Pension (Normal, Early Retirement, Vested or Deferred):** You should place a check mark () on this line unless you are applying for a Disability Pension or Contingent Early Retirement Pension. Refer to the last page of this booklet for an explanation of these benefits.
  - b. If you are disabled and are applying for a Disability Pension, you should select one of the following:
    - i. **Disability Pension:** Place a check mark () on this line if you have already received a Social Security Disability Award from the Social Security Administration and you are less than age 65. An Award Certificate (Notice of Award) from the Social Security Administration, which indicates your date of disability, must be provided to the Fund Office to complete a claim for a Disability Pension.
    - ii. **Contingent Early Retirement Pension:** Place a check mark () on this line if you are age 55 or older (but not yet 65) and (a) have applied for and are awaiting a favorable determination for a Disability Benefit from the Social Security Administration, or (b) are appealing an unfavorable determination by the Social Security Administration.



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You are eligible for the Contingent Early Retirement Pension if you are eligible for an Early Retirement Pension, are totally and permanently disabled, have applied for a Social Security Disability Benefit (or are appealing a denial of a benefit), and have otherwise fulfilled the requirements for a Disability Pension except for receipt of a Social Security Disability Award.

15. **Employment Information:** Generally, Past Service Credit is Pension Credit granted for work in a job category performed for your employer before the employer was required to make contributions to the Plan. For the Fund to verify Past Service Credit, you must provide employment information to the satisfaction of the Trustees in accordance with Sections 5.02 and 9.02 of the Plan Rules. If you have not previously submitted Earnings Information to the Fund Office, complete the "Employment History" form provided in the back of this booklet. Read and follow the instructions noted on the form.
16. **Periods of Disability:** List any periods of disability that occurred during your employment in the plumbing or pipefitting industry. Include dates and nature of disability.
17. **Statement:** Upon completion of the above information, you must SIGN and DATE your application. The Trustees cannot accept an application that is not signed and dated.

If you are unable to sign your name, you may use an "X" in place of your signature. However, the "X" must be witnessed by a Notary Public. Also, if the Application is signed by someone acting as legal representative (*i.e.*, Power of Attorney, Guardian, etc.) for the applicant, this signature must also be witnessed by a Notary Public. The document granting authority for the legal representative to act on behalf of the applicant should be provided along with the Application.

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### **Instructions For Mailing Your Application**

Enclose as many of the following documents as are available with your application:

- a copy of your Social Security Card (or another official document that includes your SSN if card is not available)
- proof of your age
- if you are married, proof of your spouse's age and proof of marriage.
- if not previously submitted and if applicable, a copy of each divorce decree.
- if not previously submitted and if applicable, original or court-certified copy of each Qualified Domestic Relations Order or similar domestic relations order.
- if you are widowed, original or certified copy of your deceased spouse's death certificate.
- if applicable, your military discharge papers (Form DD-214)
- if not previously submitted and if applicable, Employment History Form (#81) or other source of employment data.
- complete Social Security Disability Award Certificate (Notice of Award) if available currently (applicable only for Disability Pension applicants).

**Your Effective Date of Benefits may be affected by a delay in your submission of this application. Accordingly, if all required documentation (including your Social Security Disability Award Certificate, if applicable) is not readily available, you may submit the application with the documentation you have at this time. As you obtain other necessary documentation, submit it to the Fund Office as soon as possible. Benefit payments can only begin after the processing of your application is completed and all documentation has been received.**

If you request any document be returned to you, include that specific request along with a self-addressed stamped envelope for that purpose.

### **Information On Application Processing Procedures**

After you submit a pension application, the Fund office will acknowledge receiving it and will review it within a few days for completeness. If the application is incomplete, you will be notified as soon as possible with a written request for additional information.

Every effort is made to process all applications within 90 days after the application is received by the Fund office. If a decision on an application cannot be made within 90 days of its receipt, the time to process the application may be extended up to 90 additional days. You will be sent a letter before the expiration of the first 90 days, explaining the special circumstances requiring another 90 days to act.

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If final action cannot be taken at the end of the second 90-day period, your application will be decided based on the information available at that time. Before the end of the second 90-day period, you will be sent an explanation, and you will be awarded any partial benefits that can be determined with the available information. If partial benefits cannot be awarded because of a lack of necessary information, your application will be conditionally denied, but the Fund office will continue to seek the necessary information to make a final determination.

You may access your Application Status on-line by visiting the Fund's website at [www.uanpf.org](http://www.uanpf.org). You will have to register and setup access to this secured area of the website that will maintain the confidentiality of your records.

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### **Final Documentation for Payment of Benefits**

As required by federal law, the normal form of pension for married Participants is the 50% Joint and Surviving Spouse Pension. The 50% Joint and Surviving Spouse Pension provides for an adjustment in the monthly benefit for the life of the pensioner. When the pensioner dies, the spouse receives a lifetime monthly benefit equal to 50% of the amount of benefit previously paid to the Pensioner. To receive another form of payment, you and your spouse must reject the 50% Joint and Surviving Spouse Pension within the 180 days prior to payment of your benefits.

The normal form of pension for single Participants is the Single Life Pension with 5-Years Certain Payments. This benefit is also available to married participants if they reject the 50% Joint and Surviving Spouse Pension. This benefit provides a monthly benefit to the Pensioner for his/her lifetime. Pension payments continue to the designated beneficiary after the death of the Pensioner only if the Pensioner received fewer than 60 payments. The initial 60-month guarantee payment period begins on the Pensioner's Effective Date of Benefits and ends when a combined total of 60 payments have been issued.

When the Fund Office completes the processing of your application, and a favorable determination has been made regarding your eligibility for benefits, you will be sent an "Award" letter. The Award letter describes the benefit you are eligible for, and the forms of payment that are available. The following documents, if applicable, are sent with the Award letter:

- Retirement/Disability Declaration – you must certify that you have stopped or will stop working in the plumbing and pipefitting industry on the date indicated. This includes self-employment.
- Payment Option Package – provides you with detailed information about the optional forms of payment available to you, including the documents to elect an optional form of payment (with spousal consent, if applicable).
- Special Tax Notice Regarding Plan Payments – provides you with information on the benefits that are eligible for rollover to an IRA or other retirement plan, including a form to elect a rollover.
- Federal Tax Withholding form
- Direct Deposit Authorization – instructs the Fund to pay your benefits by direct deposit to your bank account.
- Election of Retroactive Annuity Starting Date form (if applicable).

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You should send the completed documents back to the Fund Office as soon as possible to avoid delays in receiving your monthly benefit. See first page of application form for further explanation about how your Effective Date of Benefits may be affected by the need to complete and submit these additional documents. Normally, the first benefit payment will be within 14 to 30 days after the Fund's receipt of the necessary final documents.

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## Explanation Of Benefits

The Plan provides the following benefits to eligible Participants. Refer to your SPD for more details.

- **Normal Pension** payable at age 65 or later to an eligible Participant with at least 5 years of Pension Credit including at least 1,500 Hours of Work in Covered Employment.
- **Early Retirement Pension** payable at age 55 or later to an eligible Participant who has at least 5 years of Pension Credit, including at least 1,500 Hours of Work in Covered Employment.
- **Disability Pension** payable to an eligible Participant who became Permanently and Totally Disabled before age 65, as demonstrated by an award of Disability Benefits from the Social Security Administration, and who has at least 5 years of Pension Credit, including at least 1,500 Hours of Work in Covered Employment. An eligible Participant must have worked in Covered Employment (or related employment, see SPD for details) for at least 500 hours in the 24-month period that immediately preceded the date on which he/she became Permanently and Totally Disabled. An eligible Participant who did not meet the 500 hour requirement due to a disability that rendered the Participant unable to perform the normal duties of his craft, medical evidence of which is submitted to the Fund, may still qualify for a Disability Pension provided the Participant worked at least one hour of work in Covered Employment (or related employment as above) within the 48 months before the date on which he became Permanently and Totally Disabled, or if earlier, the date the application was submitted to the Social Security Administration for the award that deemed the Participant disabled.
- **Contingent Early Retirement Pension** payable to an eligible Participant who has fulfilled the requirements for an Early Retirement Pension, including having attained 55 years of age, and has otherwise fulfilled the requirements for a Disability Pension except has applied for and is awaiting a favorable determination for the award of Disability Benefits from the Social Security Administration or is appealing an unfavorable determination by the Social Security Administration.
- **Deferred Pension** payable at age 55 or later to an eligible Participant who left Covered Employment when he/she had at least 15 years of Pension Credit, including at least 5 years of Future Service Credit, and had attained age 40.
- **Vested Pension** payable at age 65 or later to an eligible Participant who left Covered Employment when he/she had earned at least 5 years of Vesting Service (10 years of Vesting Service if he/she does not have an Hour of Work on or after July 1, 1998). The Vested Pension is also payable to an eligible Participant who has attained Normal Retirement Age and has any Future Service Credit that was not canceled by a Permanent Break in Service. Normal Retirement Age is age 65 or, if later, the age on the fifth anniversary of participation (the

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tenth anniversary for anyone who does not have an Hour of Work on or after January 1, 1988).

- **Pro Rata/Partial Pension** may be payable to certain Participants otherwise lacking sufficient service credit to be eligible for a pension benefit because their years of employment have been divided between the National Pension Plan and other U.A. plans that have entered into a reciprocal agreement for Pro Rata/Partial Pensions. For a list of the local funds currently signed to the Pro Rata/Partial Pension addenda, refer to the Fund's website at [ppnpf.org](http://ppnpf.org). When processing your application, if you are not otherwise entitled, the Fund will review the work history you provide to see if you had worked in the jurisdiction of any local fund signed to the agreement.

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