

# Connecticut Laborers' Pension Fund

435 Captain Thomas Boulevard  
West Haven, CT 06516-5896  
Telephone: (203) 934-7991 – Toll-Free Number: 1-800-922-3240 Fax: (203) 680-3847  
Website: <https://www.ctlaborersfunds.com>

## **PENSION APPLICATION FORM**

Benefits cannot be effective earlier than the first day of the month following the month which your application is received although you may request a later effective date. There may be a delay (up to several months) before you start to receive benefits depending on the information needed to verify and/or process all of the contents of your application. After approval by the Board of Trustees, benefits will be paid subject to the terms and conditions of the Connecticut Laborers' Pension Plan retroactive to the effective date of your pension, provided you have accepted the award and signed the necessary documentation within the required time period.

### **INSTRUCTIONS**

If necessary please contact the Fund Office and make an appointment to come in to complete the application. If you choose not to do so, please read all questions carefully and PRINT all answers. **Be sure to sign and date the application in the areas outlined in black (Items 23 & 24 & 33, if applicable).** Mail the completed application and proof(s) of age to the Fund Office at the above address or bring it into the office between 8:00 a.m. and 4:15 pm (3:30 pm for walk-ins), Monday through Friday.

### **IF YOUR APPLICATION IS NOT COMPLETE, OR LACKS THE REQUIRED INFORMATION TO BE PROCESSED, THIS COULD RESULT IN A DELAY OF YOUR ELIGIBLE PENSION BENEFIT PAYMENTS.**

If the Fund Office determines you are eligible for benefits, the Fund Office will forward the required election forms to you so that you can elect the form of payment for your benefits as well as complete a Retirement Declaration.

**PROOF OF YOUR AGE (and your spouse's, if married) MUST BE FURNISHED.** A List of Acceptable Documents for Proof of Age is provided within this application. If married, you must provide the marriage certificate. If widowed, you must provide a copy of your spouse's death certificate. If divorced, you must provide a copy of the divorce decree. We will also need a copy of your Social Security Card.

### **PERSONAL DATA FOR MEMBER**

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First) (Middle) (Month/Day/Year)  
Address: \_\_\_\_\_  
(Number of Street) (City, State and Zip Code)
2. Social Security No: \_\_\_\_\_ Telephone No: \_\_\_\_\_ Email Address: \_\_\_\_\_
3. Marital Status: ☐ Married ☐ Divorced ☐ Widowed ☐ Single (Never Married) ☐ Legally Separated
4. Are you a US Citizen? ☐ Yes ☐ No If No, I am a citizen of \_\_\_\_\_
5. Spouse's Name: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_\_  
(Month/Day/Year)  
Spouse's Social Security No: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_  
(Month/Day/Year)

## **MILITARY DATA**

6. Have you ever served in the Armed Forces of the United States: ☐ Yes ☐ No  
If Yes, was enlistment: ☐ Voluntary ☐ Subject to Draft?
7. Dates of Service: Entered: \_\_\_\_\_ Discharged or Separated: \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year)
8. Type of Discharge: \_\_\_\_\_

## **LOCAL UNION DATA**

9. Present Local Union No: \_\_\_\_\_ Book Membership No: \_\_\_\_\_
10. Date of Initiation into first Local Union \_\_\_\_\_ Local Union No: \_\_\_\_\_ State: \_\_\_\_\_  
(Month/Day/Year)
11. If your initiation was with a Laborer' Union outside the state of Connecticut, please show the date you first joined a Connecticut Local Union: Date \_\_\_\_\_ Local No: \_\_\_\_\_  
(Month/Day/Year)
12. If you have changed Locals with LIUNA, please list the separate periods of membership:
- | Local Union No: | From:            | To:              |
|-----------------|------------------|------------------|
| _____           | _____            | _____            |
|                 | (Month/Day/Year) | (Month/Day/Year) |
| _____           | _____            | _____            |
|                 | (Month/Day/Year) | (Month/Day/Year) |
13. If you have accrued Pension Credits with another Laborers' Pension Fund, please provide the name and address of the Fund Office and any Correspondence you have received from them:
- Name: \_\_\_\_\_  
Address: \_\_\_\_\_
- Name: \_\_\_\_\_  
Address: \_\_\_\_\_
14. Show below any periods of time when you were not a member of the Laborers' Union:
- |            |          |            |          |
|------------|----------|------------|----------|
| From _____ | To _____ | From _____ | To _____ |
| From _____ | To _____ | From _____ | To _____ |

## **EMPLOYMENT DATA**

15. What date do you plan to retire?: \_\_\_\_\_  
(The effective date of pension payments is the first day of the month.)
16. If you are still working as a Laborer, when do you intend to stop working? \_\_\_\_\_  
(Month/Year)
17. If you have stopped as a Laborer, give the date you last worked: \_\_\_\_\_  
(Month/Year)
18. List the names and address of your last two employers:
- | Employer Name | Address | Period of Employment |
|---------------|---------|----------------------|
| _____         | _____   | _____                |
| _____         | _____   | _____                |

## **COMPENSATION DATA**

19. Have you ever received Workers' Compensation for periods of time you were absent from work at the Funds? ☐ Yes ☐ No If Yes, please provide the following information:

Date of injury: \_\_\_\_\_ Workers' Compensation File Number: \_\_\_\_\_

Dates covered by the payment(s):

From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Name and address of the insurance carrier at the time the injury occurred: \_\_\_\_\_

Name and address of the employer at the time the injury occurred: \_\_\_\_\_

If you incurred more than one (1) injury for which you received Workers' Compensation Benefit payments, please provide the information requested above for each additional injury on a separate page.

20. Have you ever received Weekly Accident and Sickness benefits from the Connecticut Laborers' Health Fund for periods of time when you were absent from work at the Funds?

☐ Yes ☐ No If Yes, please list dates:

From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

21. Were there any other periods of time during your years of employment as a Laborer that you could not work because of disability? ☐ Yes ☐ No If Yes, please list dates:

From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

## **FORM OF PENSION PAYMENTS**

The description of the forms of payment which follow are provided at this time only for your information. If you are determined to be eligible, you will be notified of the applicable forms of payment based upon your particular circumstances along with the corresponding estimated amounts of the monthly benefit payable so that you can elect your form of payment.

**50% Joint and Survivor Benefit (with Pop-Up)– If you are married, this is the normal form of payment.** Pension benefits paid in the form of a 50% Joint and Survivor Benefit provide that in the event of your death, 50% of your monthly benefit will continue to be paid to your spouse for the rest of his/her life. The pension benefit amount to which you would normally be entitled will be actuarially adjusted using a formula based upon the age difference between you and your spouse considering benefits may be paid over a longer period (the lifetimes of both you and your spouse). If the member survives his/her spouse the member's benefit will "pop-up" to the Life Annuity guaranteed for five years benefit amount. **This adjusted benefit will remain in force for your lifetime.**

**75% Joint and Survivor Benefit (with Pop-Up)– If you are married, this is an optional form of payment.** Pension benefits paid in the form of a 75% Joint and Survivor Benefit provide that in the event of your death, 75% of your monthly benefit will continue to be paid to your spouse for the rest of his/her life. The pension benefit amount to which you would normally be entitled will be actuarially adjusted using a formula based upon the age difference between you and your

spouse considering benefits may be paid over a longer period (the lifetimes of both you and your spouse). If the member survives his/her spouse the member's benefit will "pop-up" to the Life Annuity guaranteed for five years benefit amount. **This adjusted benefit will remain in force for your lifetime.**

**Five Year Certain and Life Benefit – If you are not married, this is the normal form of payment.** An unadjusted monthly amount will be paid to you for your lifetime and if you die before receiving 60 monthly benefit payments, your monthly pension will continue to be paid to your designated beneficiary for the remainder of the 60 months. If no beneficiary has been designated, the balance of the 60 monthly payments will be paid as specified in the Plan. If you die after you have received 60 monthly pension payments, benefits will cease and no further benefits are payable to your beneficiary.

**Ten Year Certain and Life Benefit -** An actuarially adjusted monthly amount will be paid to you for your lifetime. The pension benefit amount to which you would normally be entitled will be reduced using a formula based upon your age considering benefits may be paid over the longer period of ten (10) years. In the event of your death prior to receiving 120 monthly benefit payments, your monthly pension will continue to be paid to your designated beneficiary for the remainder of the 120 months. If no beneficiary has been designated, the balance of the 120 monthly payments will be paid as specified in the Plan. If you die after you have received 120 monthly pension payments, benefits will cease and no further benefits are payable to your beneficiary.

## **PENSION TYPES**

The following is a list of the type of pensions for which you can apply. A brief description of the eligibility requirements has been provided. Plan provisions will govern in determining whether you meet the eligibility requirements for the type of pension that you select.

22. Check below the type of Pension on which you would like to retire, if you are eligible:

- |   |  |
|---|--|
| <input type="checkbox"/> Regular Retirement | Participants who have attained the: Later of: Age 65 (or over) who has been a Participant in the Plan for at least five (5) years of non- forfeited participation, without a Break in Service.   |
| <input type="checkbox"/> Service Pension    | Participants with at least thirty (30) Pension Credits regardless of age   |
| <input type="checkbox"/> Early Retirement   | Participants over age 55, but younger than age 65 with at least ten (10) non-forfeited Pension Credits, excluding banked hours.  |
| <input type="checkbox"/> Disability Pension | Participants who have become disabled after accruing five (5) non-forfeited Pension Credits and having met all eligibility rules of the Plan, and who have earned at least one-quarter (1/4) Pension Credit in the calendar year the disability occurred or in at least one of the two consecutive Calendar Year preceding the calendar year in which the disability occurred. There is a six (6) month waiting period before disability benefits begin. |
| <input type="checkbox"/> Partial Pension    | Participants who have earned at least one Pension Credit in the Connecticut Laborers' Pension Fund and have at least five (5) combined Pension Credits from affiliated Plans.  |

- ☐ 50% Joint & Surv.      Surviving spouse of a Participant who is vested and has satisfied all other requirements for the 50% Joint and Survivor form of benefit, provided no prior pension payments have been made to the Participant.
- ☐ Pre-Retirement      Beneficiary of a deceased Participant who is *not* entitled to 50% Joint & Survivor above but had accrued at least five (5) Pension Credits and earned at least one-quarter (1/4) Pension Credit in the year of death or in one of the two consecutive calendar years immediately preceding death. The Beneficiary will receive sixty (60) months of the Benefit the Participant would have received under the Life Annuity Guaranteed for Five (5) Years.
- ☐ Lump Sum Pre-      Beneficiary of a deceased Participant, who prior to his/her Retirement Death death earned one-quarter (1/4) Pension Credit in the year of his Benefit death or the preceding calendar year and who does not qualify for any other benefit.

**NOTE:      Be sure to read and complete pages seven (7) through nine (9) for Disability Applicants if you are applying for a Disability Pension. Please note that there is a full six (6) month waiting period for disability applicants.**

In order to properly consider your application, research may be required as a result of your application for which the Fund will have to make inquiries. Therefore, we would appreciate your signing the following authorization to release information.

## WORK RECORD AUTHORIZATION

(To Be completed By All Applicants)

I authorize the holder of any requested information concerning my work activity while in the employ or any information you may have concerning employment prior to or since employment with you including all hours recorded as well as rate of pay and job classification to be released to the Connecticut Laborers' Pension Fund or its representative. A copy of this authorization may be used in place of the original. I understand that this information is absolutely confidential and will be used by the Board of Trustees solely to complete my claim as required by the Connecticut Laborers' Pension Fund.

23.

_____	_____
(Applicant's Signature)	(Date)

I hereby apply for a pension from the Connecticut Laborers' Pension Fund. The statements contained within this application are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits and that the Trustees have the right to recover any payments made to me because of a false statement.

I further understand that **if I do not agree with the decision of the Trustees with regard to approval, denial or the amount of my pension benefit, I have the right to appeal the decision by filing written notice within 90 days after notification regarding my pension status.**

24.

_____	_____
(Applicant's Signature)	(Date)

Upon receipt of your completed application and all other necessary information, the Fund Office will research and verify your hours and present this information to the Board of Trustees. Although the effective date of your pension is the first of the month after the month your application is received (unless you request a later effective date), processing time may take several months, depending on the amount of research required. In addition, for a Disability Pension, the effective date of such a pension can be no earlier than six (6) months after disability has commenced.

If you are **NOT** applying for a Disability Pension, you have completed the application.

If you **ARE** applying for a Disability Pension, please complete the following.

## **DISABILITY APPLICANTS**

The balance of this application must be completed if you are applying for a Disability Pension.

**THE BOARD OF TRUSTEES IS THE SOLE AND FINAL JUDGE OF YOUR ENTITLEMENT TO A DISABILITY PENSION BASED UPON THE EVIDENCE SUBMITTED TO THE FUND OFFICE.**

There are two types of Disability Pension:

### **TOTAL AND PERMANENT DISABILITY**

A Participant must be **wholly prevented as a result of bodily injury or disease from engaging in any further gainful employment whatsoever** except as is found by the Trustees to be only for the purpose of rehabilitation.

### **OCCUPATIONAL DISABILITY**

A Participant must be **wholly prevented as a result of bodily injury or disease from engaging in or performing the duties of a Laborer or any other occupation within the construction industry** for remuneration or profit except such employment as is found by the Trustees to be solely for the purpose of rehabilitation.

24. Date you first became disabled \_\_\_\_\_ Nature of Disability \_\_\_\_\_  
(Month/Year)

25. If an accident, please state the circumstances: \_\_\_\_\_  
\_\_\_\_\_

26. Name and address of physician who attended you when disability occurred: \_\_\_\_\_  
\_\_\_\_\_

27. If you are not seeing the same physician, provide the name and address of the physician now attending you:  
\_\_\_\_\_  
\_\_\_\_\_

28. Please describe in your own words the condition which causes you to be disabled.  
\_\_\_\_\_  
\_\_\_\_\_

29. When did that condition first occur? \_\_\_\_\_

30. When were you obliged to cease work because of the condition? \_\_\_\_\_

31. Have you returned to any work in any capacity since the date of your disability?  
\_\_\_\_\_. If yes, please identify the dates, the employer, and type of work performed.

32. Please provide the name and address for each physician and/or facility from which you received treatment in connection with your disability and the period of time during which they treated you.

Physician's Name/ Facility's Name	Address	Telephone Number
_____		_____
Period of Time Treatment was Provided:_____		
Physician's Name/ Facility's Name	Address	Telephone Number
_____		_____
Period of Time Treatment was Provided:_____		
Physician's Name/ Facility's Name	Address	Telephone Number
_____		_____
Period of Time Treatment was Provided:_____		
Physician's Name/ Facility's Name	Address	Telephone Number
_____		_____
Period of Time Treatment was Provided:_____		
Physician's Name/ Facility's Name	Address	Telephone Number
_____		_____
Period of Time Treatment was Provided:_____		
Physician's Name/ Facility's Name	Address	Telephone Number
_____		_____
Period of Time Treatment was Provided:_____		
Physician's Name/ Facility's Name	Address	Telephone Number
_____		_____
Period of Time Treatment was Provided:_____		



## MEDICAL AUTHORIZATION

I authorize the holder of any medical information concerning my physical condition, including, but not limited to, the results of any physical examination or tests conducted, or any hospital records to release to the Connecticut Laborers' Pension Fund or its representative, any and all such information which I understand is required to complete my claim for a Disability Pension. A copy of this authorization may be used in place of the original. I understand that this information is absolutely confidential and will be used by the Board of Trustees to complete my claim as required by the Connecticut Laborers' Pension Fund.

33. 

_____ (Applicant's Signature)	_____ (Date)
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34. Was the disability a result of a work-related injury? ☐ Yes ☐ No

If Yes, please provide the following information:

- a. Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- b. Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_
- c. Job Location: City: \_\_\_\_\_ State: \_\_\_\_\_
- d. Job title, duties and responsibilities at the time the injury occurred: \_\_\_\_\_  
\_\_\_\_\_

e. Did you file a Workers' Compensation Claim: ☐ Yes ☐ No If No, please explain:

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

35. Have you applied for a Social Security Disability Award? ☐ Yes ☐ No If Yes, when? \_\_\_\_\_

36. Have you received a Determination Letter from the Social Security Administration? ☐ Yes ☐ No

If Yes, please attach a copy of the Determination Letter.

37. If you have applied for a Social Security Disability Award but your claim was denied, have you filed an appeal with the Social Security Administration? ☐ Yes ☐ No

If Yes, Please provide the date your appeal was filed: \_\_\_\_\_

38. If you have not applied for a Social Security Disability Award, please answer the following:

a) Why have you not applied? \_\_\_\_\_  
\_\_\_\_\_

b) Do you intend to apply: ☐ Yes ☐ No

c) If you intend to apply, please indicate the date: \_\_\_\_\_

## **LIST OF ACCEPTABLE DOCUMENTS FOR PROOF OF AGE**

1. You must submit any ONE (1) of the following:

**Birth Certificate** - Copy acceptable

**Baptismal Certificate** - Copy acceptable

**State of Connecticut Driver's License** – Copy acceptable

**Statement as to the Date of Birth** shown by a church record, certified by the custodian of such record. - Copy acceptable

**Notification of Registration of Birth** in a public registry of vital statistics. - Copy acceptable

**Certification of Record of Age** by the United States Census Bureau. - Copy acceptable

**Hospital Birth Record** certified by the custodian of such record. - Copy acceptable

**Foreign Church or Government Record** - Copy acceptable

2. If you do not have one of the documents listed in 1, above, you must submit TWO (2) of the following:

**Military Record** - Copy acceptable

**Passport** - Copy acceptable

**School Record** certified by the custodian of such record. – Copy acceptable

**Insurance Policy** which shows the age or date of birth. - Copy acceptable

**Marriage Records Showing Date of Birth or Age** application for marriage license or church record, certified by the custodian of such record; or certified marriage certificate. - Copy acceptable

**Other Evidence** such as signed statements from persons who have knowledge of the date of birth, signed tax return, etc.)

Signed Statement - Original Notarized Statement required

Signed Tax Return - Copy acceptable

**Signed statement by the Physician or Midwife** who was in attendance at birth, as to the date of birth shown on their records. - Original notarized document required

**Naturalization Record** - Copy acceptable

**Immigration Papers** - Copy acceptable

## **LIST OF ACCEPTABLE DOCUMENTS FOR PROOF OF MARRIAGE**

**Marriage Records** certified marriage certificate or church record (certified by the custodian of such record). - Copy acceptable

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***NOTE: In all cases where a copy is acceptable, an original document may be required, in the Fund Office's discretion. As an example, an original would be required if the copy of the birth certificate you submit is unclear or unreadable.***

**IMPORTANT NOTICE  
TO PENSIONERS WORKING IN THE CONSTRUCTION TRADE AFTER  
RETIREMENT**

This is a reminder of the suspension of benefit provisions of the Connecticut Laborers' Pension Plan (Pension Plan) as set forth in Section 9.12 and pages 61-65 of your Summary Plan Description. The basic rule is that a pensioner is **not** permitted to collect his monthly retirement benefit and work as a laborer in Connecticut, Massachusetts, Rhode Island, or New York without having his retirement benefit suspended when performing such work. However, pensioners who are over age 65 are permitted to work in Covered Employment or work as a laborer for up to forty (40) hours per month.

If it is determined that you have worked in the capacity of a laborer as defined in the Connecticut Laborers' collective bargaining agreement (CBA), whether or not such work is also claimed by another trade, that employment will be considered "Disqualifying Employment" and your monthly retirement benefit is subject to suspension. Regardless of your title, if you perform work in the field, have your hands on tools, and/or your boots on the ground at job sites, this employment will be considered "Disqualifying Employment" even if you may only spend a fraction of your time in that capacity.

A pensioner can work for a Contributing Employer in a management position and continue to collect his monthly benefits from the Pension Plan. A management position is one that solely includes non-bargaining responsibilities and does not include any "hands on" work in the field that could be considered work under the CBA. The Pension Plan may request a full job description from your employer. Similar work for a non-signatory employer is never permitted.

To enforce these Pension Plan rules, a list of pensioners that have requested permission to work in the construction trade and are collecting monthly pensions are going to be given to each Local Union, along with the names of the pensioners' employers. Local Unions will be instructed to monitor the work activity of these pensioners. If violations of the rules above are found, the monthly retirement benefits of these pensioners will be suspended and the penalties of the Pension Plan will be strictly enforced.

If you are working in the construction trade, collecting a monthly retirement benefit and. you have any questions about whether your employment violates the provisions of the Pension Plan, we encourage you to contact the Fund Office. Only the Board of Trustees is permitted to make a determination of whether your employment activities trigger the Pension Plan's suspension of benefit provisions.

**BOARD OF TRUSTEES**

## **Important Notice**

### **Impact of Delaying Your Retirement Date**

Regulations require the Pension Fund to inform you of the possible advantage of waiting to collect your retirement benefit. Please note that the information which follows is based on the presumptions that: there will not be any changes in the Plan provisions; you do not earn any additional Pension Credit under the Plan; and there will not be any change in the benefit accrual rate applicable to the calculation of your benefit. We have described below the adjustment, if any, to your retirement benefit should you elect a later retirement date:

#### **SERVICE PENSION**

If you have accrued thirty (30) or more Pension Credits, you qualify for a Service Pension. Should you cease working, there is no increase or decrease in your accrued benefit should you retire at an age less than age 65 or wait until you attain age 65. If, however, you have accrued less than thirty-five (35) Pension Credits, should you continue to work in Covered Employment and continue to accrue additional Pension Credit, your retirement benefit would increase based on the additional Pension Credit you earn.. If you have accrued thirty-five or more Pension Credits, you have accrued the maximum Pension Credits recognized under the Plan for benefit calculations and delaying your retirement up until age 65 (Normal Retirement Age) will not increase the benefit currently payable.

#### **EARLY RETIREMENT PENSION**

If you elect to retire on an Early Retirement Pension (generally payable if you are at least age 55) and have accrued at least ten (10) Pension Credits, your Regular Pension payable at age 65 will be reduced by one-quarter of one percent (.0025) for each month the effective date of your retirement (annuity starting date) is before age 65 between age 60 and age 65, plus one-half of one percent (.005) for each month your retirement date is between age 55 and age 60. (Different adjustment factors apply if the last time you earned Pension Credit under the Plan was prior to 1985.) If you delay your retirement to age 65 (Normal Retirement Date), your monthly pension would not be reduced because of your age. Any election which you make to retire on an Early Retirement Pension will be considered to be consent by you to begin receipt of benefits prior to your Normal Retirement Date.

*Example: A Participant with 25 Pension Credits at a benefit accrual rate of \$77 would have accrued a Regular Pension payable at age 65 or \$1,925.00 per month. Assuming this Participant wishes to retire at age 58, his monthly retirement benefit would be reduced for 60 months (from age 65 to age 60) by .0025 per month or 3% per year for a reduction of 15% plus a reduction of .005 per month for each month prior to age 60, (in this example 24 months) for an additional 12% reduction producing a total early retirement reduction factor of 27%. The Early Retirement Pension reduction in this example is  $\$1,925.00 \times 27\% = \$519.75$ , which is subtracted from the Regular Pension. As illustrated in this example, the Early Retirement Pension payable at age 58 (or seven years earlier than age 65), is  $\$1,405.25$  ( $\$1,925.00 - \$519.75 = \$1,405.25$ ). This amount is payable in the form of a Five-Year Certain and Life Benefit and would be further adjusted for benefits paid in the form of a 50% Husband and Wife Benefit, 75% Husband and Wife Benefit, Ten-Year Certain and Life Benefit, or other optional form of benefit payable under the Plan.*

Please refer to pages 26 and 27 of your Summary Plan Description for a further explanation of the above adjustment for an Early Retirement Pension.

## **DELAYED RETIREMENT**

If you earned one (1) hour of service under this Plan after April 1, 1989, and elect to defer your retirement date after attaining age 65, and if you do not work as a laborer for more than 40 hours in a month, you are entitled to a delayed retirement adjustment of 1% per month increase for each such month of the deferral of your retirement past your Normal Retirement Age up to 60 months (1.5% for each month after 60 months). This adjustment is not granted for any month the individual works for more than 40 hours in "disqualifying employment." You can work in Covered Employment after attaining age 65 and continue to accrue Pension Credit, subject to the maximum Pension Credit provisions of the Plan.

Please refer to page 59 of your Summary Plan Description for a further explanation of the above adjustment for delayed retirement.

Also, refer to page 61 of your Summary Plan Description for the definition of: "disqualifying employment."

## **MANDATORY RETIREMENT DATE**

Regulations require Participants to begin collecting retirement benefits they are entitled to effective as of the April 1<sup>st</sup> following the calendar year they attain age 70 and six (6) months. Participants, however, must complete the necessary paperwork to receive retirement benefits from the Plan. Once you attain this age, you may begin collecting retirement benefits from this Plan and you may continue to work as a laborer.

Please refer to page 58 of your Summary Plan Description for a further explanation of the required distribution provisions.

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PLEASE REFER TO THE SUMMARY PLAN DESCRIPTION FOR AN EXPLANATION OF THE BENEFITS, ADMINISTRATIVE STEPS REQUIRED TO RETIRE AND "DISQUALIFYING EMPLOYMENT" PROVISIONS.