

Ironworkers Local No. 16 Pension Plan

Physical Address 7525 SE 24th Street, Suite 200, Mercer Island, WA 98040 • Mailing Address PO Box 34203, Seattle, WA 98124
Phone (206) 441-7314 or (877) 367-0541 • Fax (206) 695-0984 • Website: www.iw5benefits.org

Administered by
Welfare & Pension Administration Service, Inc.

Pension Application

Please print or type the following information below

Participant Name: _____ Social Security No.: _____
Mailing Address: _____
City & State: _____ Zip Code: _____
Union Local No.: _____ Birth Date* _____ *Attach a copy of your state issued Birth Certificate
Home Phone: _____ Cell Phone: _____ Email Address: _____

Type of Retirement for which you are applying (check one)

☐ Normal ☐ Service ☐ Early ☐ Unreduced Early ☐ Disability
☐ Deferred Vested (Terminated) ☐ Pro-Rata (list other locals below)

Are you currently receiving Social Security Benefits? ☐ No ☐ Yes – *If yes, please attach a copy of your SS Award Letter*

If yes: Date of Entitlement: _____ Date of Filing _____

List all local unions in which you have held membership or under whose jurisdiction you have worked in the industry:

Local Union	City and State	Dates of Membership	
		From (month/year)	To (month/year)

Marital Status

(Past and Present):

Mark all that apply:

☐ Never Married
☐ Married - Indicate the number of times you've been married _____.
☐ Widowed (**Provide a copy of death certificate(s)**)
☐ Divorced* Date(s) of Divorce _____, _____, _____, _____, _____
***You are required to attach a complete copy of all dissolution decrees, property settlement agreements and Qualified Domestic Relations Order(s). The copies must show the document was FILED with the court and signed by the judge.**

Complete if Married

Date of Marriage: _____
Spouse's Name: _____
Spouse's SSN: _____
Spouse's Birth Date: _____

Complete if Single

Name of Beneficiary: _____
Beneficiary's SSN: _____
Beneficiary's Birth Date: _____
Beneficiary's Address: _____
Beneficiary Relationship: _____

Name and address of your most recent employer

Employer Name: _____
Employer Address: _____
Last Date Worked: _____ Date of Retirement: _____

Requested Date for Initiation of Pension Benefits:

I hereby make application for pension benefits and have retired from active employment. I certify that all information furnished in this application is true and correct to the best of my knowledge. I understand and agree that any misrepresentation by me will constitute grounds for the denial of all benefits for me, or for the cancellation or recovery of benefit payments made in reliance thereon.

Participant Signature _____

Date Signed _____

Witness Signature _____

Witness Name (Printed) and Date Witness Signed _____

Witness Address: _____ City & State _____ Zip Code: _____

DOCUMENTS ACCEPTABLE AS PROOF OF AGE

A) A copy of the following documents will be acceptable as proof of age:

1. State Issued Birth Certificate

B) If the preceding is not available, copies of any TWO of the following may be submitted:

1. Passport - may not be expired
2. Naturalization or Immigration Papers
3. State Issued Driver's License with photo – must be current - may not be expired
4. Military Records
5. Civil Service Records

NOTE: All documentation submitted as proof of age must clearly show your name and age to be acceptable. If the name shown on the document differs from the present name, a copy of the court order or other document recording the name change should be submitted for identification purposes.