

SOUTHERN CALIFORNIA PIPE TRADES RETIREMENT FUND

501 Shatto Place, 5th Floor • Los Angeles, CA 90020 • (800) 595-7473 • (213) 385-6161 • Fax: (213)383 - 6801 • www.scptac.org

Please review this entire application carefully and follow all the instructions. Make sure your answers are complete and legible. Mail the completed application, along with all other required documents to the Fund Office.

Basic Pension Application

A Participant's Information

Name: <i>(First, Middle, Last)</i>	Social Security Number: <i>(xxx-xx-xxxx)</i>	Local Union Number:
Address: <i>(Street, City, State, Zip)</i>	Phone #: <i>(xxx) xxx-xxxx</i>	Union Number: <i>(If any)</i>
Date of Birth: <i>(mm-dd-yy)</i> <i>You are required to provide proof of age. Please refer to Instructions for proof of age on Section G.</i>		Date you retired or plan to retire: <i>(mm-dd-yy)</i>

B Employment Information

Last Employer:

(Name of Employer and Address - Street, City, State, Zip)

Current Employer:

(Name of Employer and Address - Street, City, State, Zip)

Type of work Performed:

Last day of Employment: *(mm-dd-yy)* _____

Are you currently on the Out-of-Work list?

YES

NO

Do you have an active contractor's license?

Have you ever been or are you presently a Corporate Officer for a Contributing Contractor?

If you answer "YES", state:

From: *(mm-dd-yy)* _____

to: *(mm-dd-yy)* _____

Firm or Firms: _____

Title or Titles: _____

C Military Service

Did you serve in the uniformed services? **YES** **NO**

If you answer "NO", please skip to section D. If you answer "YES", state:

From: (mm-dd-yy) _____ to: (mm-dd-yy) _____

Branch: _____

Did you notify the Fund, your employer, or the union of your activation for service with the uniformed services?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were you granted an Honorable Discharge from the uniformed services?	<input type="checkbox"/>	<input type="checkbox"/>
Did you report to your employer or your Local Union of your availability for Covered Employment within 90 days after your release from the uniformed services?	<input type="checkbox"/>	<input type="checkbox"/>

Please attach a copy of your military discharge papers.

D Spousal Information

Please check all that apply.

Never Married

Married Attach Marriage Certificate and complete the following spouse's information.

Spouse's Information

Name: (First, Middle, Last)	Social Security Number: (xxx-xx-xxxx)	Address: (Street, City, Zip, State)
Date of Birth: (mm-dd-yy) <i>You are required to provide proof of age. Please refer to Section G.</i>	Phone #: (xxx) xxx-xxxx	

Separated Attach Marriage Certificate and complete the following spouse's information.

Spouse's Information

Name: (First, Middle, Last)	Social Security Number: (xxx-xx-xxxx)	Address: (Street, City, Zip, State)
Date of Birth: (mm-dd-yy) <i>You are required to provide proof of age. Please refer to Section G.</i>	Phone #: (xxx) xxx-xxxx	

Divorced Attach Divorce Decree and any Qualified Domestic Relations Order not previously submitted to the Fund.

Spouse's Information

Name: (First, Middle, Last)	Social Security Number: (xxx-xx-xxxx)	Address: (Street, City, Zip, State)
Date of Birth: (mm-dd-yy) <i>You are required to provide proof of age. Please refer to Section G.</i>	Phone #: (xxx) xxx-xxxx	

Widowed Attach Death Certificate.

G Instructions for Proof of Age

The acceptable proofs of age are listed below in Group 1 and 2. Submit a copy of one of the proofs listed in Group 1, if you have it or can possibly obtain it, since this class of proof of age is the most convincing. Be sure that the document you submit is readable.

If you cannot submit a proof from Group 1, submit two(2) copies of the proofs in Group 2. Additional proofs of age may be requested if the documents you submit do not constitute satisfactory proof of age.

You must submit proof of age for both you and your spouse.

GROUP 1 (One Proof Required)

- *Birth Certificate*
- *Baptismal certificate or statement as to the date of birth shown by a church record, certified by the custodian of such records.*
- *Notification of registration of birth in a public registry of vital statistics.*

GROUP 2 (Two Proofs Required)

- *Medicare Health Insurance Card if effective on 65th birthday*
- *Hospital birth record, certified by the custodian of such records.*
- *A foreign church or government record.*
- *A signed statement by Physician or midwife, in attendance at birth*
- *Naturalization record*
- *Immigration papers*
- *Certification of Record of Age by U.S. Census Bureau*
- *Military Record showing date of birth or age*
- *Passport*
- *School records, certified by the custodian of such records*
- *Vaccination record, certified by the custodian of such record*
- *An insurance policy that shows the age or date of birth*
- *Marriage records, showing date of birth or age (application for marriage license or church record certified by custodian of such record)*
- *Other evidence such as signed statements from persons who have knowledge of the date of birth.*