

# Michigan Laborers' Pension Fund

6452 Millennium Dr, Ste 100, Lansing, MI 48917-7881  
Phone: 1 (877) 645-2267 (MI-LABOR) • Fax: (517) 689-6016 • Website: www.milaborersfunds.com

Administered by  
Welfare & Pension Administration Service, Inc.

## REQUEST FOR RETIREMENT APPLICATION FORM

I hereby request a Retirement Application Form so I can apply for:

- Normal Retirement Benefits
- Unreduced Early Retirement Benefit (Index \_\_\_\_\_ or 30 years and out)
- Early Retirement Benefits
- Commencement of Deferred Vested Benefits

To be effective on the first day of \_\_\_\_\_, \_\_\_\_\_  
(Month) (Year)

If you are totally and permanently disabled, please indicate the date (Mo/Yr) of your disability \_\_\_\_\_)

<b>Name:</b>			
Last	First	MI	
<b>Mailing Address:</b>			
Street	City	State	Zip
<b>Date of Birth:</b>	<b>Social Security No:</b>		
<b>Local Union No:</b>	<b>Initiation Date into that Local:</b>		
<b>Phone Number:</b>	<b>Email Address:</b>		

If you have had pension contributions made on your behalf to another Pension Fund outside the State of Michigan covered employees represented by the Laborers' International union of North America, please complete the following:

<b>Name of the Fund:</b>	<b>Location (City / State):</b>
<b>Local Union No:</b>	<b>Year(s) worked in that area:</b>
<b>Name of the Fund:</b>	<b>Location (City / State):</b>
<b>Local Union No:</b>	<b>Year(s) worked in that area:</b>

Please provide your last date worked or expected to work before retirement \_\_\_\_\_  
(If the date is not completed, we will assume that you will continue to work through the month immediately preceding the effective date you indicated above.)

Name of last contributing Employer: \_\_\_\_\_  
Phone number for that Employer: \_\_\_\_\_



Please indicate your marital status, where applicable:

- Single
- Married, number of times \_\_\_\_\_
- Divorced, number of times \_\_\_\_\_
- Widowed, number of times \_\_\_\_\_

If currently married, please indicate the following:

<b>Spouse's Name:</b>		
Last	First	MI
<b>Spouse's Social Security No:</b>		<b>Date of Birth:</b>
<b>Married on:</b>		
Month	Date	Year

**MILITARY SERVICE INFORMATION**

The Plan provides that you may receive credit for periods that you spent in military service or certain civilian U.S. Government service, provided that you satisfy certain requirements. If you believe that you may be entitled to such a credit for your military service or civilian U.S. Government service, please submit a copy of your (DD214) honorable discharge papers from military service or civilian service discharge papers.

**YEARS OF SERVICE FOR ON-THE-JOB INJURY**

The Plan provides that you may receive additional credit if after September 1, 1976, you suffered an on-the-job injury while performing covered work for a contributing employer. If you believe that you may be eligible for credit because of such on-the-job injury, please provide the Fund Office with a photocopy of the Notice of Commencement of Workers Compensation Payments, copies of workers' compensation payment check stubs from the insurance carrier or letter from the insurance carrier indicating the beginning and ending date of payments and the weekly rate of payment and a photocopy of any Redemption Award that you may have received.

**CONTIGUOUS NON-COVERED EMPLOYMENT**

The Plan provides that after September 1, 1976, employment you may have had with a contributing employer or employers for which no pension contributions were required on your behalf may, under certain conditions, be considered for vesting purposes if you are less than 100% vested. If you believe you may have worked in Contiguous Non-covered Employment, please provide the Fund Office with the name of that Employer, the period of time worked and the job at which you worked for their review.

**CERTIFICATION**

I hereby certify that all the information provided by me on this Request Form is, to the best of my knowledge and belief, true and complete. I understand that this completed Request Form will be attached to and become part of my Application for Benefits Form and that when I do submit the Application, I must also submit acceptable proof of my age and, if I am married, proof of my spouse's age as well as a photocopy of my Marriage License or Certificate. I also understand that if I am divorced, I must submit a photocopy of my Judgment(s) of Divorce or Divorce Decree(s) with all attachments, QDROs, and, if I am widowed, I must submit a photocopy of my spouse's Death Certificate.

**Signature of Participant** \_\_\_\_\_ **Date** \_\_\_\_\_

