

Teamsters Joint Council No. 83 of Virginia Health & Welfare and Pension Funds



www.tjc83funds.org
8814 Fargo Road · Suite 200 · Richmond, VA 23229
Phone (804) 282-3131 · 800-852-0806 · Fax (804) 288-3530
Email: documents@tjc83funds.net

Pension Application Checklist

Please use this checklist to ensure your application is complete. **The application cannot be processed until all paperwork is received.** Missing paperwork will delay your first payment!

Required 4 Forms:

1. Pension Application Form – signed and dated
Need complete, official copies of any that apply:
 - Birth Certificate – you and spouse (if applicable)
 - Certified Marriage Certificate (if applicable)
 - Social Security Disability Award Letter (if applicable)
 - A form of identification for both the member and the spouse (e.g., state issued ID, driver's license, or passport)

2. Certification of Marital Status – signed, dated, and notarized
Need complete, official copies of any that apply:
 - Divorce Decrees
 - Separation Agreements
 - Qualified Domestic Relations Orders (QDRO)
 - Spouse's Death Certificate

3. Pension Beneficiary Designation Form – signed, witnessed, and dated
If applicable, use Estate as Beneficiary

4. Post-Retirement Employment Form – signed and dated

If you have any questions or need further assistance, please call Teamsters Pension at (804) 282-3131 or Toll-free 800-852-0806.

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Pension Application

Application can be returned to the Fund Office by mail or fax using the contact information above.

Please note: Application is only good for 180 days from receipt by the Fund Office.

Social Security No. _____ Local Union No. _____

Name _____
Last First Middle

Mailing Address _____
Street Address/P.O. Box
City State Zip

Phone No. _____ Email _____

Married? Yes No Spouse's Name _____
Last First Middle

Spouse's Social Security No. _____ Spouse's Date of Birth _____

(Please provide a copy of your marriage license)

Desired Pension Effective Date:

- 01 -

- Unless you are applying for a Disability Pension, this application must be on file at the Fund Office at least 2 full months prior to this date;

Mo Day Yr

- And, the Plan pays the first of the month for that month.

Date of Birth *(Please submit the birth certificate for you and your spouse and one other form of ID with your respective birthdates.) See enclosed acceptable forms of ID.*

Mo Day Yr

Are you working now? Yes No

If yes, indicate date you plan to stop working _____

If no, date you last worked Mo Day Yr

WARNING: Any person who knowingly submits false or incomplete information on this reporting form may be subject to criminal prosecution under 18 U.S.C §1027, the penalty for which is a fine of \$10,000 or imprisonment of 5 years or both.

Employment Record

List all periods of employment starting with your present or most recent employer first. Indicate if you worked as a full-time (FT), casual (C), part-time (PT) or in a leased operation (L). If you plan to continue working after your pension effective date, you must indicate your current employment information here. (If you need additional space, please attach a separate piece of paper.)

Employer's Name, City, State	Position/ Type of Work	Period Employed				Local Union No.
		From		To		
		Month	Year	Month	Year	

Military Record

Branch of Service	From		To	
	Month	Year	Month	Year

If you are eligible to apply for a Disability or Early Vested Pension, you will need to submit a copy of your Social Security Disability Award letter. If not yet approved, indicate the date you applied for the Social Security Disability Award. _____
Date

Unless otherwise requested, I hereby authorize that my name can be listed for recognition in the Fund's newsletter, Twin Horse Crier, upon my retirement.

I hereby make application for Pension under the Teamsters Joint Council No. 83 of Pension Fund. If granted, I certify I will be retired within the meaning of Article 4, Section 4.11 of the Pension Plan as of the date listed in this application, and further, that I will remain retired within the meaning of the Pension Plan while I am receiving pension benefits from this Fund. The statements on this application are true to the best of my knowledge. I understand that I may be required to show proof of any statement I make in this application. I further understand that a false statement may disqualify me for pension benefits and that the Trustees shall have the right to recover any payments made to me in reliance upon any false statement.

Signed _____ Date _____

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PENSION BENEFICIARY DESIGNATION

Participant's Printed Name	Birthdate	Participant's SSN or UID
<p>I designate the following person(s) as my beneficiary(ies) to receive at my death any benefits payable under the provisions of the Pension Plan. I understand that, if a beneficiary is under age eighteen (18) at my death, such benefits will be paid to his/her legal guardian. I further understand that this statement does not override a surviving legal spouse's automatic designation as the Eligible Spouse for any pre-retirement survivor benefits, nor override any designation I may have made or make under the Joint & Survivor Benefit (married) or Contingent Annuitant Benefit (non-married.)</p>		
Primary Beneficiary Designation		
Name (Person(s), Trust or Estate)	Relationship(s)	Birthdate(s)
Mailing Address(es)	Phone Number(s)	Social Security Number(s)
Secondary Beneficiary Designation		
Name (Person(s), Trust or Estate)	Relationship(s)	Birthdate(s)
Mailing Address(es)	Phone Number(s)	Social Security Number(s)
Participant's Signature		
		Date
Witness' Signature (other than beneficiary)**		
		Date
Witness' Printed Name		
		Phone Number

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Post-Retirement Employment

I understand, in order to receive pension benefits from the Teamsters Joint Council No. 83 of Virginia Pension Fund, I must be retired as that term is defined in Article 4, Section 4.11 of the Pension Plan. I further understand, to be retired within the meaning of that provision, I cannot work in Disqualifying Employment as outlined in the chart below:

Age	Work Considered Disqualifying
Before Normal Retirement Age (usually 65)	<ol style="list-style-type: none"> 1. Employment with an Employer who pays into the Plan (a Contributing Employer), unless <ol style="list-style-type: none"> a. you work up to 39 hours in a calendar month for a Contributing Employer that pays contributions at or above the prevailing NMF agreement casual rate for each day your work, or b. you become permanently disabled to perform the duties of your covered occupation while working in Covered Employment, you may return to work for your former Contributing Employer in non-covered employment, or 2. Employment with an employer who competes with a Contributing Employer.
After Normal Retirement Age but before 70 ½ years old (usually between 65 and 70 ½)	Working more than 39 hours per month: <ol style="list-style-type: none"> 1. in an industry whose employees were covered by the Plan as of the date you retire or your Normal Retirement Age, and 2. in the geographic area covered by the Plan as of the earlier of the date you retired or your Normal Retirement Age, and 3. in a trade or craft, including supervisory work in which you were working at any time under the Plan.
After 70 ½	None

I understand the Pension Fund will suspend and permanently withhold my pension benefit in accordance with Article 4, Section 4.12 of the Pension Plan for any month in which I am employed or self-employed in Disqualifying Employment.

Signature _____

Date _____

SSN or UID _____