

# Locals 302 and 612 of the International Union of Operating Engineers Trust Funds

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Administered by  
Welfare & Pension Administration Service, Inc.

## APPLICATION FOR RETIREMENT

Please print or type the following information below

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

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

- ☐ Normal (age 62 or older)<sup>1</sup> <sup>1</sup>The Plan's Normal retirement age was increased from age 60 to 62 for benefits accrued on or after January 1, 2013.  
☐ Early (age 52-61)<sup>2</sup> <sup>2</sup>The Plan's Early retirement age was increase from age 52 to age 55 for benefits accrued on and after January 1,  
☐ 2013. Disability

Marital Status (past and present): ☐ Never Married ☐ Married ☐ Widowed ☐ Separated\* ☐ Divorced\*

Date of  
Separation or  
Divorce\*:

\*If your marriage was dissolved after December 31, 1984, your election of benefits may be subject to the rights of a prior spouse. You are required to attach a **complete copy** of your dissolution decree and property settlement agreement and/or Qualified Domestic Relations Order(s). The copies must show the document was FILED with the court and signed by the judge.

If currently married, please enter spouse's information:

Spouse Name: \_\_\_\_\_ Spouse Birth Date: \_\_\_\_\_ Spouse SSN: If \_\_\_\_\_  
not married, Name of Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address of Beneficiary: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name and address of your most recent employer in the industry:

Employer Name: \_\_\_\_\_ Last day worked: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name and address of your **current** employer (if different from above):

Employer Name: \_\_\_\_\_ My last date of employment was/or will be: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**If you are working in WA or AK and plan to retire while still employed, you must submit a current detailed job description.**

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)	

In accordance with the terms of the Plan, I hereby request that my \_\_\_\_\_ retirement be effective,  
(Normal, Early, Disability)

\_\_\_\_\_ . I agree to furnish any information which the Trustees may require for the determination of my eligibility for a benefit or the amount thereof.

I understand that this application can be cancelled by my written request at any time prior to the retirement date indicated above. I have fully read and understand the information furnished in the Locals 302 & 612 International Union of Operating Engineers Construction Industry Retirement Plan booklet which is available on the website.

Member Signature

Date

Witness Signature

Witness Name and Date

Witness Mailing Address: \_\_\_\_\_ City & State

Zip Code: \_\_\_\_\_

See Reverse Side or Next Page

## CERTIFICATION OF EARLY RETIREMENT (for participants under age 62)

To be deemed retired and qualified for Early Retirement benefits, a participant must withdraw and completely refrain from all employment with a contributing plan employer, regardless of whether the employment is covered by a Collective Bargaining Agreement.

I understand the above stated rule and agree that if any hours are worked in the month I elect to retire; **I will not** be deemed retired and my retirement effective date will be changed to the first day of the month in which no hours are worked.

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Signature

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Date

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### RE-EMPLOYMENT AFTER RETIREMENT RULES (for ALL participants)

If a participant retires on a Normal or Early Retirement and later returns to work in "Post Retirement Service" for 51 or more hours in a calendar month, retirement income payments will be forfeited until the retiree terminates employment. The term "Post Retirement Service" shall mean all employment:

- a) within the geographic area covered by the Plan, which includes the entire State of Alaska and Washington;
- b) in a job classification in which the participant was employed while in Covered Employment, regardless of whether the employment is under the terms of a Collective Bargaining Agreement or in a supervisory position over such job classification; and
- c) in the industry in which the individual employers who maintain the Plan participate.

The term "job classification" includes, but is not limited to, any type of work that is within the jurisdiction of Local 302 or Local 612 of the International Union of Operating Engineers.

**Disability Retirees** who return to work will immediately permanently forfeit their benefits and will no longer be considered eligible for Disability Retirement income payments.

I understand the above stated rules regarding Post Retirement Service with Locals 302 and 612 of the International Union of Operating Engineers Retirement Trust. I will notify your office **immediately** if I return to work in employment, which is or may be considered prohibited.

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Signature

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Date

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### DOCUMENTS ACCEPTABLE AS PROOF OF AGE (See Note.)

- A. **A copy of one of the following documents will be acceptable as proof of age:**
  - 1. Birth Certificate
  - 2. Baptismal Certificate
- B. **If neither of the preceding are available, copies of any TWO of the following may be submitted:**
  - 1. U.S. Census Report (at least 20 years old)
  - 2. Passport (may not be photocopied)
  - 3. Naturalization or Immigration Papers (may not be photocopied)
  - 4. State issued Drivers License
  - 5. Family Bible Entries
  - 6. Life Insurance Policies (at least 10 years old)
  - 7. Marriage License or Application
  - 8. Early School Records
  - 9. Military Records
  - 10. Civil Service Records
  - 11. Children's Birth Certificates
  - 12. Written Certification from Social Security
  - 13. Written Certification of Union Local

NOTE: All documentation submitted as proof of age must clearly show your age in order to be acceptable. Also, 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.