

**STONE AND MARBLE MASONS OF METROPOLITAN WASHINGTON, D.C.  
PENSION TRUST FUND  
7130 Columbia Gateway Drive, Suite A  
Columbia, MD 21046  
Phone 410-872-9500 Fax 410-872-1275**

# **APPLICATION FOR PENSION**

(PLEASE PRINT ALL INFORMATION CLEARLY)

*(Please read instructions before completing this application)*

This booklet includes a brief description of some of the provisions of the Pension Plan. For more detailed and specific provisions of the Plan you should refer to the Summary Plan Description for an everyday language description of the Plan and refer to the Plan itself for a more technical description of the Pension Plan provisions which are controlling.

## **DOCUMENT COPIES NEEDED WITH APPLICATION (If applicable)**

- ◆ Member's birth certificate
- ◆ Spouse's birth certificate
- ◆ Marriage certificate
- ◆ Spouse's Social Security #
- ◆ Divorce Decree/Separation Agreement from prior marriage

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### **Procedure for Starting Your Pension Benefit**

Before your pension payments can begin, you must complete the Pension Application Form and the Benefit Election Form and return them to the Fund Office.

The Benefit Election Form must be completed within the 180 day period prior to your Benefit Commencement Date ("Benefit Commencement Date" is the date you want your pension to start - not the date you receive your first pension check, which is usually later than the Benefit Commencement Date due to the administrative delay in getting your benefit started; for a more complete description of this term, see the first page of the Benefit Election Form). If you complete the Benefit Election Form before the 180-day period begins, a new Benefit Election Form must be completed. If you complete the Benefit Election Form on or after your intended Benefit Commencement Date, it may be necessary for you to choose a later Benefit Commencement Date. For more information, please contact the Fund Office.

Before you complete the Benefit Election Form, it is important that you understand the various kinds of pension payments available to you. The Explanation of Forms of Pension Payment has been prepared to help you become familiar with the different kinds of Pensions. The explanation includes information showing the relative financial effect of electing various forms of pension payment.

As you can see from the above, it will generally be necessary for you to furnish the Fund Office with your completed Pension Application Form and your Benefit Election Form before your Benefit Commencement Date. Because of this, it will ordinarily not be possible for the Fund Office to provide you with actual benefit information prior to completing the forms. If you wish to receive actual benefit information it may delay your Benefit Commencement Date.

Sincerely,

The Board of Trustees

## PENSION APPLICATION

After entering your age on your last birthday, arrange to obtain and attach to the application proof of your age. One of the types of proof of age listed below must be furnished. Proof as high in order on the list as possible should be submitted if you have it because such proof is generally more convincing. For instance, if you have or can readily obtain a birth certificate, it should be submitted rather than a baptismal certificate or a statement of birth shown by a church record. If you do not have either of these proofs, or they are not readily obtainable, try to submit the proof listed below in order, rather than the one low on the list. You must attach a photostatic copy of proof of age, except that you are cautioned that photostats of NATURALIZATION PAPERS, UNITED STATES PASSPORTS, AND IMMIGRATION PAPERS are not permitted. If any of these is the only proof of age you have, submit the original and it will be returned to you.

1. Birth certificate.
2. Baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such record.
3. Notification of registration of birth in a public registry of vital statistics.
4. Certification of record of age by the U.S. Census Bureau.
5. Hospital birth record, certified by the custodian of such record.
6. Document showing approval of Social Security pension.
7. A foreign church or government record.
8. A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
9. Naturalization record (PHOTOSTAT NOT PERMITTED; SUBMIT ORIGINAL).
10. Immigration papers (PHOTOSTAT NOT PERMITTED; SUBMIT ORIGINAL).
11. Military record.
12. Passport (PHOTOSTAT NOT PERMITTED; SUBMIT ORIGINAL).
13. School record, certified by the custodian of such record.
14. Vaccination record, certified by the custodian of such record.
15. An insurance policy which shows the age or date of birth.
16. Marriage records showing date of birth or age (application for marriage license or church record, certified by the custodian of such record; or marriage certificate).
17. Other evidence such as signed statements from persons who have knowledge of the date of birth, voting records, poll-tax receipts, driver's license, etc.

**STONE AND MARBLE MASONS OF METROPOLITAN WASHINGTON, D.C. PENSION FUND  
PART I  
PENSION APPLICATION**

(PLEASE PRINT OR TYPE)

1. NAME <i>(Last, First, Middle)</i>		2. SOCIAL SECURITY NUMBER		3. DATE OF BIRTH	
4. HOME ADDRESS <i>(Number, Street or Rural Route)</i>		5. HOME TELEPHONE NUMBER			
6. CITY, TOWN OR POST OFFICE		STATE	ZIP		7. LOCAL UNION NUMBER
8. DATE YOU PLAN TO RETIRE <i>(month, day, year)</i>		9. ARE YOU WORKING AT THE PRESENT TIME? <input type="checkbox"/> YES <i>(Name of present employer)</i> <input type="checkbox"/> NO <i>(Name of last employer)</i>			
10. DATE STOPPED WORKING OR PLAN TO STOP WORK					
11. SPOUSE'S INFORMATION:					
NAME:		SSN:		DATE OF BIRTH:	
12. TYPE OF PENSION REQUESTING <input type="checkbox"/> NORMAL <input type="checkbox"/> EARLY <input type="checkbox"/> LATE <input type="checkbox"/> DEFERRED <input type="checkbox"/> DISABILITY <i>(Complete disability section)</i>					
<b>DISABILITY PENSION</b>					
13. NATURE OF DISABILITY <i>(Attach medical report from your physician)</i>				14. DATE DISABILITY OCCURED	
				15. DATE ON WHICH YOU CEASED WORKING <i>(month, day, year)</i>	
16. HAVE YOU APPLIED FOR A SOCIAL SECURITY AWARD? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If YES, attach a copy of award to this application)</i> <i>(If NO, you must apply to Social Security and receive award before action can be taken)</i>					
17. IS THIS DISABILITY COVERED BY THE WORKER'S COMPENSATION LAW? <input type="checkbox"/> YES <input type="checkbox"/> NO					
18. ARE YOU NOW RECEIVING WORKER'S COMPENSATION BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If YES, attach a copy of award to this application)</i>					
19. DO YOU HAVE A CLAIM PENDING FOR WORKER'S COMPENSATION BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If YES, attach a separate sheet of paper with details concerning this claim)</i>					
20. HAVE YOU RECEIVED A WORKER'S COMPENSATION LUMP SUM SETTLEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If YES, please enter the amount \$ _____ )</i>					

**Stone and Marble Masons of Metropolitan Washington, D.C. Pension Fund**

**PART II**

**RETIREMENT DECLARATION**

Name of Member \_\_\_\_\_

Social Security Number \_\_\_\_\_ Union Book No. \_\_\_\_\_

Upon retiring on a pension from Stone and Marble Masons of Washington D.C. Pension Fund, I declare that I will be bound by the rules and regulations of the Pension Plan as they now exist or hereafter amended and that:

1. I understand that if I enter employment or activity, in the geographic area of the Local Union's geographical jurisdiction, retirement benefits may not be payable for the months of such activity and for three additional months.
2. If I accept employment in work regularly performed by the Local Union or in another building trades craft, I will notify the Fund Office in writing within 15 days after I enter upon such employment or activity. Failure to do so may disqualify me from benefits for an additional period of not more than 12 months.
3. If I receive a Disability Pension from the Fund, I hereby understand that I cannot perform any gainful employment except such employment which is found by the Trustees to be for rehabilitative purposes only and not incompatible with the definition of total and permanent disability.
4. I understand that I must personally endorse each check, unless I have obtained approval from the Trust Fund for automatic deposit.
5. Date I stopped working or plan to stop work \_\_\_\_\_.

\_\_\_\_\_  
Signature Date

## PART III - A

### EXPLANATION OF DIFFERENT KINDS OF PENSION PAYMENT

#### INTRODUCTION

The Plan provides for the different kinds of pension benefits described below: The 36 Payment Guarantee Benefit, the 50% Joint and Survivor Benefit or the 75% Joint and Survivor Benefit. For various personal reasons, you may prefer to take your pension in some other way than you would automatically receive it under the terms of the Plan. Your choice must be made in writing before your Benefit Commencement Date (For a description of this term, see the first page of the Benefit Election Form). You can cancel or change your choice at any time before your Benefit Commencement Date. If you are married, you can not receive the 36 Payment Guarantee Benefit or the 75% Joint and survivor Benefit unless your spouse consents in writing to your choice. In addition, you have the right to decide not to begin receiving your pension at any time prior to the Benefit Commencement Date.

#### BASIC FORM - 36 - PAYMENT GUARANTEE BENEFIT (FORM A)

The Plan's basic benefit provides a monthly pension payable to you for the rest of your life or until a total of 36 monthly payments have been made to you and your beneficiary. This is called 36-Payment Guarantee Benefit. The monthly payments being made to you under the 36-Payment Guarantee Benefit would be larger than those made under either Joint and Survivor Benefit. However, after your death, no benefit would be payable to any beneficiary if you have already received 36 monthly payments of your pension.

If you are not married on your Benefit Commencement Date, you will automatically receive your pension under the 36-Payment Guarantee Benefit. However, if you are married on your Benefit Commencement Date, your pension will automatically be paid under the 50% Joint and Survivor Benefit unless you reject this form and elect the 36 Payment Guarantee Benefit or the 75% Joint and Survivor Benefit with your spouse's consent.

#### 50% JOINT AND SURVIVOR BENEFIT (FORM B)

This type of pension means you would receive a slightly reduced pension during your lifetime, but after your death 50% of your pension will be continued to your spouse for the rest of his or her lifetime. If your spouse should predecease you after you begin receiving benefits, your benefit will automatically return to the amount payable under the 36-Payment Guarantee Benefit effective the first of the month following written notification to the Fund Office of your spouse's death. The new amount will be payable to you for the remainder of your lifetime. As mentioned above, if you are married, your pension is automatically paid as the 50% Joint and Survivor Benefit, unless you choose another form of payment, with your spouse's consent.

If the Joint and Survivor Benefit applies to you, the amount which would have been payable under the 36-Payment Guarantee Benefit will be reduced by the joint and survivor factor. The reduction also depends upon your age and the age of your spouse on your Commencement Date. The following provides the reduction that may be expected in the 36-Payment Guarantee Benefit under the 50% Joint and Survivor Benefit percentage.

50% Joint & Survivor Benefit

92% of the 36-Payment Guarantee Benefit if participant and spouse are both same age (80% if disabled pension and before age 55).

minus (-) 0.5% for each complete year participant is older than spouse.

plus (+) 0.5% for each complete year participant is younger than spouse.



EXAMPLE 50%

Assumptions: 36-Payment Guarantee Benefit = \$1,000  
Participant Age = 65 years

Spouse Age = 62 years  
Spouse is 3 complete years younger than participant

$\$1,000 \times 90.5\%$       (92% - 3 years x 0.5%)

Monthly Benefit to Participant While Both Participant & Spouse Alive      \$905.00

Monthly Benefit to Spouse if Participant Predeceases Spouse After You Begin Receiving Benefits      \$452.50

Monthly Benefit to Participant if Spouse Predeceases Participant After You Begin Receiving Benefits      \$1,000.00



75% JOINT AND SURVIVOR BENEFIT (FORM C)

This type of pension means you would receive a slightly reduced pension during your lifetime, but after your death 75% of your pension will be continued to your spouse for the rest of his or her lifetime. If your spouse should predecease you after you begin receiving benefits, your benefit will automatically return to the amount payable under the 36-Payment Guarantee Benefit effective the first of the month following written notification to the Fund Office of your spouse's death. The new amount will be payable to you for the remainder of your lifetime.

If this Joint and Survivor Benefit applies to you, the amount which would have been payable under the 36-Payment Guarantee Benefit will be reduced by the joint and survivor factor. The reduction also depends upon your age and the age of your spouse on your Commencement Date. The following provides the reduction that may be expected in the 36-Payment Guarantee Benefit under the 75% Joint and Survivor Benefit percentage.

75% Joint & Survivor Benefit

**88%** of the 36-Payment Guarantee Benefit if participant and spouse are both same age

minus (-) 0.6% for each complete year participant is older than spouse.

plus (+) 0.6% for each complete year participant is younger than spouse.

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EXAMPLE 75%

Assumptions: 36-Payment Guarantee Benefit = \$1,000  
Participant Age = 65 years

Spouse Age = 62 years  
Spouse is 3 complete years  
younger than participant

$$\$1,000 \times \mathbf{86.2\%} \quad (88\% - 3 \text{ years} \times 0.6\%)$$

Monthly Benefit to Participant  
While Both Participant &  
Spouse Alive \$862.00

Monthly Benefit to Spouse if  
Participant Predeceases Spouse  
After You Begin Receiving Benefits \$646.50

Monthly Benefit to Participant  
if Spouse Predeceases Participant  
After You Begin Receiving Benefits \$1,000.00



**Part III - B**

**Benefit Election Form of Payment of Retirement Pension**

Section A - Personal (To be completed by All Participants)

Name of Participant \_\_\_\_\_

Benefit Commencement Date \_\_\_\_\_ (the first day of the month to coincide with or next following the date you satisfy all of the conditions for entitlement to a pension, including termination of covered employment).

Section B - Form of Payment (To be completed by All Participants) (Initial One Line Below)

\_\_\_\_\_ Form A - 36 Payment Guarantee Benefit

\_\_\_\_\_ Form B - 50% Joint and Survivor Benefit

\_\_\_\_\_ Form C - 75% Joint and Survivor Benefit

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Section C - Beneficiary Designation

Name of Primary Beneficiary:

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Related to Me As:

\_\_\_\_\_

Date of Birth Primary Beneficiary:

\_\_\_\_\_

(attach proof of age)

Section D - Contingent Beneficiary Designation  
(To be completed if Form A automatically applies  
or is elected.)

In the event that the Primary Beneficiary designated in Part III does not survive me or dies prior to receiving all payments to be made under the Plan, payments (or remaining payments) shall be made to:

Name of Contingent Beneficiary:

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Related to Me As:

\_\_\_\_\_

Your spouse must consent to the designation of any beneficiary other than your spouse. Your spouse must consent to any change in beneficiary.

Section E - Certification of Marital Status (To be completed by All Participants)

I understand that the law provides that if I am married at the time I begin receiving my pension under the Plan, my spouse must be provided a pension for his or her life after I die unless my spouse and I elect to waive the spousal benefit within the 90-day period ending on my Benefit Commencement Date. I understand that this spousal benefit is automatically provided under Form B with my spouse as beneficiary. Finally, I understand that I may revoke my election at any time before my Benefit Commencement Date.

I certify that: (Please initial one)

\_\_\_\_\_ I have never been married.

\_\_\_\_\_ I am not legally married at this time. In the event I marry on or before my Benefit Commencement Date, I will notify you. (Please provide the Fund office copy of divorce decree, separation agreement, or death certificate if you have ever been married.)

\_\_\_\_\_ I am unable to locate my spouse. (The Fund Office will contact you to obtain additional information.)

\_\_\_\_\_ The person signing Section G - Spousal Consent to Waiver of Survivor Benefits is my legal spouse. (Attach marriage certificate)

\_\_\_\_\_ I am legally married at this time. I wish to receive my benefit in the form of a J&S Annuity.

Section F - Signature (To be completed by All Participants)

I acknowledge that I have completed Section A, Section B and Section C; and Section D, if Form A applies.

I hereby certify that the information is true and correct to the best of my knowledge and belief. I 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 because of a false statement.

\_\_\_\_\_  
Sign Your Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness  
(Witness must be someone other than your spouse)

\_\_\_\_\_  
Date

Section G - Spousal Consent to Waiver of Joint and Survivor Benefit with Spouse and Beneficiary (This must be completed by the Spouse of the Participant if Form A or form C is elected).

I, \_\_\_\_\_, understand that the law requires that I be the recipient of lifetime survivor benefits equal to at least 50% of my spouse's lifetime benefit, unless I consent to my spouse's election to waive such benefit. I also understand that lifetime survivor benefits are provided under Form B; however Form A or Form C has been elected. I consent to the waiver of the lifetime survivor benefits and the election of Form A or Form C. I understand that the effect of the waiver as to Form A is to cause me to give up my survivor benefit protection. I also consent to the Primary Beneficiary and Contingent Beneficiary selected under Section C and Section D. I certify that I am the legal spouse of the Participant.

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

Witness: Spouse's signature must be witnessed by either a Plan Representative or a Notary Public (Choose either A or B)

A

\_\_\_\_\_  
Name and Title of Plan Representative (Please Print)

\_\_\_\_\_  
Signature of Plan Representative

B State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_, I, \_\_\_\_\_

hereby certify that \_\_\_\_\_ personally appeared before me on this day and acknowledge the due execution of the foregoing instrument.

Given under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

My commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(SEAL)

**STONE & MARBLE MASONS OF METROPOLITAN WASHINGTON, D.C.  
HEALTH AND WELFARE TRUST FUND**

**PART IV**

**Application Form for Retired Employee Medical Benefits**

Section I

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_

In order to be eligible for continued medical coverage the employee must satisfy the following Fund regulations:

1. "RETIRED EMPLOYEE

If you retire after January 1, 1973 under either the Federal Social Security Laws or the Stone and Marble Masons Pension Fund, and you are eligible under this Welfare Fund at time of retirement and you have been eligible under this Welfare Fund for at least five (5) of the ten (10) years immediately preceding your retirement and you submit sufficient evidence that you meet the above criterion you will continue to participate in the Welfare Fund except for the Accidental Death and Dismemberment Benefit, the Weekly Accident and Health Benefit and any charge covered by Medicare. The Welfare Fund will not pay any expense for benefits available under Medicare whether or not you elected Medicare coverage."

See Medicare Supplement Benefits in the Summary Plan Description; and

2. RETIREE PAYMENT FOR BENEFITS

A. Eligibility - Eligibility rules will be maintained for retired employees as outlined in the Summary Plan Description except as provided below.

B. Payment for Benefits

Effective May 1, 2007:

(1) Currently the plan provides that each qualified retiree with a pension benefit under the 30 and out (early unreduced) provision who has not yet attained age 58 and desires to continue health benefits will be required to pay at the same rate that those entitled to COBRA are required to pay until the retiree attains age 62. (COBRA is described in the Summary Plan Description. Only the rate charged for COBRA is applicable, and not the other COBRA provisions.) Effective January 1, 1993, those retirees, upon attainment of age 62, will be required to make monthly payments at a rate established by the Board of Trustees, which may be modified from time to time.

- (2) All other pensioners who otherwise meet the eligibility rules for retired pensioners to receive health benefits and who retire with benefits on or after age 55, but before age 65 will be required to make monthly payments for benefits, in advance, at the rate established by the Board of Trustees, which may be modified from time to time.
- (3) All qualified pensioners eligible for Medicare will continue to receive these benefits. All Medicare eligible retirees will be required to make monthly payments at a rate established by the Board of Trustees, which may be modified from time to time.

C. Payment Method

Effective January 1, 1993:

Each qualified retiree who desires to receive or continue health benefits may make payment by voluntarily assigning a monthly deduction from the pension benefit from the Stone and Marble Masons Pension Fund, or the retiree may elect to make a monthly payment directly to the Welfare Fund prior to the first day of the month.

When payment is required the first payment under this provision shall be made within 90 days of the pensioner having received notice that his health benefits as an active employee are terminated. Payment must be made retroactive to the date of the termination of benefits; thereafter payment for each month is required in advance. If this payment is not initiated, or if initiated, is stopped, benefits will not continue and cannot be reinstated at a later date. A signed application is required for those who wish to continue coverage.

- D. Under the provisions of the benefit plan as spelled out in the Summary Plan Description, health benefits for retirees may be modified or terminated, or a payment may be required from the pensioners. Periodically, the Trustees will review health benefits for retirees to determine what payments, if any, may be required of any or all classes of pensioners in order for them to continue their health benefits”.

The COBRA rates are subject to change annually. Please contact the Fund Office for the current rates.

Section II

I hereby certify that I qualify for the following continued coverage under the Welfare Fund.

- self only    self and spouse    self, spouse and \_\_\_\_\_ dependent child(ren)    spouse only  
*(check one block only)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Pensioner

The following election form must be completed and signed.

Election Form for Payment for Medical Benefits

Check One Box Only

1. I hereby authorize the deduction from my pension check of any required payment for medical coverage under the Stone and Marble Masons Health & Welfare Fund. I make this authorization voluntarily and understand that it may be revoked at any time. By this authorization, I am not assigning my monthly benefit, or any portion thereof, to the Stone and Marble Masons Health & Welfare Fund. I understand that the Stone and Marble Masons Health & Welfare Fund, has no right enforceable against the Stone and Marble Masons Pension Fund, to any part of my pension benefit, except to the extent of the payments actually received.
2. I do want to continue to receive the retired employee medical benefits and will make payments monthly in advance to the Fund Office myself and not through the Pension Fund. I understand that retiree health benefits will be terminated for me and my spouse if I fail to make my monthly payments to the Fund Office before the first of each month.
3. I do not want to receive the retired employee medical benefits.

I acknowledge that by electing Retiree Medical Benefits, I am waiving my rights to COBRA Continuation Coverage.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sign Your Name

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Social Security Number

**AUTHORIZATION FOR AUTOMATIC DEPOSITS (ACH CREDITS)**

STONE AND MARBLE MASONS OF WASHINGTON D.C. PENSION TRUST FUND

I hereby authorize the Stone and Marble Masons of Washington, D.C. Pension Trust Fund, hereinafter called 'Fund', to initiate credit entries and to initiate, IF NECESSARY, DEBIT AND ADJUSTMENTS FOR ANY CREDIT ENTRIES IN ERROR to my checking ( ) or savings( ) account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY NAME \_\_\_\_\_

BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT/ABA \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

This authority is to remain in full force and effect until Fund has received written notification from me of it's termination in such time and such manner as to afford Fund a reasonable opportunity to act on it.

NAME \_\_\_\_\_

SSN \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Please attach a voided check if a checking account is selected.**

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**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_

Processed by \_\_\_\_\_