

**I.B.E.W. LOCAL 332 PENSION TRUST FUND**

**ADMINISTRATIVE OFFICES**

**1120 S. BASCOM AVENUE, SAN JOSE, CA 95128-3590**

**Phone (408) 288-4559 / Fax (408) 288-4569**

To Whom It May Concern:

Enclosed is the I.B.E.W. Local #332 Part B Disability Pension Application, per your request.

Please complete, sign and return the application to our office along with a copy of your birth certificate or Proof of Age (see enclosed instructions) and your marriage license. In addition, we will need a copy of Proof of Age for your spouse/beneficiary.

Enclosed please find an Attending Physician's Statement of Disability to give to your doctor. Please have your doctor complete the form and return it to our office. Upon receipt, the Physician's Statement will be referred to our Medical Consultant for a determination of your disability status.

Also included is Authorization Release Information form to give to your doctor's office in case the medical consultant reviewing your physician's statement needs to request your medical records for additional information.

Please note that if you have obtained a Social Security Disability "Notice of Award" from the Social Security Administration, please forward a copy of the award to our office for your file, if you have an award you will not have to have a physician's statement completed.

A self-addressed envelope is enclosed for your convenience.

If you have any questions, please do not hesitate to contact us at (408) 288-4559 or 1-800-541-8059 ext. 4559 (California Residents Only).

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### PART B DISABILITY APPLICATION

#### INSTRUCTIONS

1. Please read each question carefully
2. Print all information
3. Be sure to Sign and Date the Application
4. Be sure to have your Doctor complete the Part B Disability Physician's Statement
5. Mail the completed Application and Physician's Statement to:  
Post Office Box 5057  
San Jose, CA 95150-5057

#### PERSONAL DATA

1. Participant's Name \_\_\_\_\_  
(Last) (First) (Middle)
2. Address \_\_\_\_\_  
Street City State Zip Code
3. Participant's SSN \_\_\_\_\_
4. Date of Birth \_\_\_\_\_
5. Telephone No. \_\_\_\_\_
6. Date of Disability: Month \_\_\_\_\_ Year \_\_\_\_\_
7. Last date worked: Month \_\_\_\_\_ Year \_\_\_\_\_
8. Beneficiary's Name \_\_\_\_\_
9. Beneficiary's SSN \_\_\_\_\_
10. Date of Birth \_\_\_\_\_
11. Marital Status:  Married  Single  Divorced  Widowed  
**IF DIVORCED, PLEASE PROVIDE COPY IF DIVORCE DECREE WITH PROPERTY SETTLEMENT**
12. Is any portion of your Pension Benefit payable to someone else under a Court Order:  Yes  No

#### TYPE OF APPLICATION

13. I wish to apply for:  Normal Retirement  \* Early Retirement
- Part B Disability**  Part A Disability Retirement  Estimate Only

**IT IS ABSOLUTELY ESSENTIAL THAT YOU BE AS ACCURATE AS POSSIBLE IN YOUR REPLIES.  
INCORRECT OR INCOMPLETE INFORMATION MAY DELAY PAYMENT OF YOUR PENSION BENEFITS.**

**I realize that all information on this application will be used for determining my Benefits, if any, and I hereby declare under perjury that the foregoing is correct to the best of my knowledge.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## INSTRUCTIONS CONCERNING SUBMISSION OF PROOFS OF AGE

The acceptable proofs of your age are listed below in two groups. Submit a photocopy of one of the proofs listed in Group I. If you have it, or can possibly obtain it since this class of proof of age is the more convincing.

If you cannot submit a proof in the Group I classification, submit photocopies of two (2) of the proofs listed in Group II. You are cautioned, however, that naturalization papers, United States Passports and Immigration papers may not be photocopied. If you are submitting any of these, you must send the original. It will be returned to you.

Additional proofs of age may be requested if the documents you submit do not constitute convincing proof of your age.

### GROUP I

1. A birth certificate.
2. A 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 as shown on their records.
9. Naturalization record. (Photocopy not permitted: submit original)
10. Immigration papers (Photocopy not permitted: submit original)

### GROUP II

11. Military record
12. Passport. (U.S. passports may not be photocopied: submit original)
13. School records, 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. Other evidence such as signed statements from persons who have knowledge of the date of birth.

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**AUTHORIZATION TO RELEASE INFORMATION**

I AUTHORIZE any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance or reinsuring company, consumer reporting agency, or employer having information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment of me and any other non-medical information of me to give to:

UNITED ADMINISTRATIVE SERVICES

or its legal representative, any and all such information.

I UNDERSTAND the information obtained by use of the Authorization will be used by:

UNITED ADMINISTRATIVE SERVICES

to determine eligibility for Disability Retirement Benefits. Any information obtained will not be released by:

UNITED ADMINISTRATIVE SERVICES

to any person or organization EXCEPT to reinsuring companies, or other persons, or organizations performing business or legal services in connection with my application, or as may be otherwise lawfully required or as I may further authorize.

I KNOW that I may request to receive a copy of this Authorization.

I AGREE that a photocopy of this Authorization shall be as valid as the original.

I AGREE this AUTHORIZATION shall be valid during the pendency of this claim.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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Signature

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**IBEW LOCAL 332**

**ATTENDING PHYSICIAN'S STATEMENT OF DISABILITY**

THE PATIENT IS RESPONSIBLE FOR THE COMPLETION OF THIS FORM WITHOUT EXPENSE TO THE COMPANY.

(PRINT) Name of Patient		Age	Policy Number
Present Address	City	State	Zip Code
If Group Insurance, Give Name of Policyholder		Insured Name (if Patient is dependent)	

**1. HISTORY**

- (a) When did symptoms first appear or accident happen?      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- (b) Date patient ceased work because of disability:      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- (c) Has patient ever had same or similar condition?       Yes       No
- If yes, state when and describe:

**2. PRESENT CONDITION**

- (a) Subjective symptoms
- (b) Objective findings

Include results of current X-rays, EKGs or any other special tests.

- (c) Is patient:       Ambulatory?       Bed Confined?       House Confined?       Hospital Confined?

**3. DIAGNOSIS**

**4. TREATMENT**

- (a) Date of first visit      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- Date of last visit      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- Frequency of visits       Weekly       Monthly      Other \_\_\_\_\_
- (b) When did you last examine the patient?      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**5. PROGRESS**

- Recovered       Improved       Unimproved       Retrogressed

**6. EXTENT OF DISABILITY**

- |  |                           |  |                               |  |
|--|---------------------------|--|-------------------------------|--|
|  | <b>FOR ANY OCCUPATION</b> |  | <b>FOR REGULAR OCCUPATION</b> |  |
|--|---------------------------|--|-------------------------------|--|
- (a) Is patient now **Totally Disabled**?\*       Yes       No       Yes       No
- (b) If no, when was the patient able to return to work?      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- (c) If yes, when do you think patient will be able to resume work?
- Approximate date:      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_       Indefinite       Never
- (d) If yes, is patient a suitable candidate for a rehabilitation program?       Yes       No

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**SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS**

This notice explains how you can continue to defer federal income tax on your retirement benefits from the IBEW Local 332 Pension Plans ("Plan") and contains important information you will need before you decide how to receive your Plan benefits.

This notice is provided to you by the Plan's Board of Trustees, which is the "Plan Administrator" under federal law, because all or part of the payment that you will soon receive from the Plan may be eligible for rollover by you or the Plan Administrator to a traditional IRA or another *plan*.

A rollover is a payment by you or the Plan Administrator of all or part of your benefit to an eligible employer plan or IRA that allows you to continue to postpone taxation of that benefit until it is paid to you. Under the Internal Revenue Code, your payment(s) **cannot** be rolled over to certain types of IRA's, such as a Roth IRA, a SIMPLE IRA, or a Coverdell Education Savings Account (formerly known as an education IRA). An "eligible employer plan" includes a plan qualified under section 401(a) of the Internal Revenue Code, including a 401(k) plan, profit-sharing plan, defined benefit plan, stock bonus plan, and money purchase plan; a section 403(a) annuity plan; a section 403(b) tax-sheltered annuity; and an eligible section 457(b) plan maintained by a governmental employer (governmental 457 plan).

An eligible employer plan is not legally required to accept a rollover. Before you decide to roll over your payment to another employer plan, you should find out whether a plan accepts rollovers and, if so, the types of distributions it accepts as a rollover. You should also find out about any documents that are required to be completed before the receiving plan will accept a rollover.

Even if a plan accepts rollovers, it might not accept rollovers of certain types of distributions. If this is the case, you may wish instead to roll your distribution over to a traditional IRA or split your rollover amount between the employer plan in which you will participate and a traditional IRA. If an employer plan accepts your rollover, that plan may restrict subsequent distributions of the rollover amount or may require your spouse's consent for any subsequent distribution. A subsequent distribution from the plan that accepts your rollover may also be subject to different tax treatment than distributions from this Plan. Check with the administrator of the plan that is to receive your rollover prior to making the rollover.

This notice, which is patterned in many parts on an IRS model notice, is required by federal law. **The notice is not personal tax advice. You should consult with a personal tax advisor for tax advice upon which you want to reply.**

If you have additional questions after reading this notice, you may contact the Plan Office at 408-288-4400.

**General Rules on Taxation and Early Distributions**

- (1) **Tax on Distributions.** As a general rule, when you receive a distribution directly from a qualified pension plan, such as this Plan, you will pay federal and state taxes on the distribution. (There may be an exception for certain types of payments on account of a disability.) This notice is intended simply to provide you with general information on the tax rules and some of your options.
- (2) **Potential 10% Additional Tax on Certain Distributions.** In the Tax Reform Act of 1986, Congress added section 72(t) to the Internal Revenue Code, which imposes an additional 10% tax on certain early distributions from a qualified plan, unless the distribution meets one of the exceptions listed below. The **primary exceptions of the 10% tax penalty** include:

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- The taxable amount of your payment will be taxed in the current year unless you roll it over. Under limited circumstances, you may be able to use special tax rules that could reduce the tax you owe. However, if you receive the payment before the plan's early retirement age of 55, you may have to pay an additional 10% tax.
- You can roll over all or part of the payment by paying it to your traditional IRA or to an eligible employer plan that accepts your rollover within 60 days after you receive the payment. The amount rolled over will not be taxed until you take it out of the traditional IRA or the eligible employer plan.
- If you want to roll over 100% of the payment to a traditional IRA or an eligible employer plan, you must find other money to replace the 20% of the taxable portion that was withheld. If you roll over only the 80% that you received, you will be taxed on the 20% that was withheld and that is not rolled over.

**Your Right to Waive the 30-Day Notice Period.**

Generally, neither a direct rollover nor a payment can be made from the plan until at least 30 days after your receipt of this notice. Thus, after receiving this notice, you have at least 30 days to consider whether or not to have your withdrawal directly rolled over. If you do not wish to wait until this 30-day notice period ends before your election is processed, you may waive the notice period by making an affirmative election indicating whether or not you wish to make a direct rollover. Your withdrawal will then be processed in accordance with your election as soon as practical after it is received by the Plan Administrator.

**MORE INFORMATION**

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**I. PAYMENTS THAT CAN AND CANNOT BE ROLLED OVER**

Payments from the Plan may be "eligible rollover distributions." This means that they can be rolled over to a traditional IRA or to an eligible employer plan that accepts rollovers. Payments from a plan cannot be rolled over to a Roth IRA, a SIMPLE IRA, or a Coverdell Education Savings Account. Your Plan administrator should be able to tell you what portion of your payment is an eligible rollover distribution.

The following types of payments cannot be rolled over:

**Payments Spread over Long Periods.** You cannot roll over a payment if it is part of a series of equal (or almost equal) payments that are made at least once a year and that will last for:

- your lifetime (or a period measured by your life expectancy), or
- your lifetime and your beneficiary's lifetime (or a period measured by your joint life expectancies), or
- a period of 10 years or more.

**Required Minimum Payments.** Beginning when you reach age 70-1/2 or retire, whichever is later, a certain portion of your payment cannot be rolled over because it is a "required minimum payment" that must be paid to you. Special rules apply if you own more than 5% of your employer.

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were born before January 1, 1936, you might be entitled to ten-year averaging or capital gain treatment, as explained below. However, if you have your benefit rolled over to a section 403(b) tax-sheltered annuity, a governmental 457 plan, or a traditional IRA in a DIRECT ROLLOVER, your benefit will no longer be eligible for that special treatment. See the sections below entitled "Additional 10% Tax if You Are under Age 59-1/2" and "Special Tax Treatment if You Were Born before January 1, 1936."

## **PAYMENT PAID TO YOU**

If your payment can be rolled over (see Part I above) and the payment is made to you in cash, it is subject to 20% federal income tax withholding on the taxable portion (state tax withholding may also apply). The payment is taxed in the year you receive it unless, within 60 days, you roll it over to a traditional IRA or an eligible employer plan that accepts rollovers. If you do not roll it over, special tax rules may apply.

### **Income Tax Withholding**

**Mandatory Withholding.** If any portion of your payment can be rolled over under Part I above, and you do not elect to make a DIRECT ROLLOVER, the Plan is required by law to withhold 20% of the taxable amount. This amount is sent to the IRS as federal income tax withholding. For example, if you can roll over a taxable payment of \$10,000, only \$8,000 will be paid to you because the Plan must withhold \$2,000 as income tax. However, when you prepare your income tax return for the year, unless you make a rollover within 60 days (see "Sixty-Day Rollover Option" below), you must report the full \$10,000 as a taxable payment from the Plan. You must report the \$2,000 as tax withheld, and it will be credited against any income tax you owe for the year. There will be no income tax withholding if your payments for the year are less than \$200.

**Voluntary Withholding.** If any portion of your payment is taxable but cannot be rolled over under Part I above, the mandatory withholding rules described above do not apply. In this case, you may elect not to have withholding apply to that portion. If you do nothing, an amount will be taken out of this portion of your payment for federal income tax withholding. To elect out of withholding, ask the Plan Administrator for the election form and related information.

**Sixty-Day Rollover Option.** If you receive a payment that can be rolled over under Part I above, you can still decide to roll over all or part of it to a traditional IRA or to an eligible employer plan that accepts rollovers. If you decide to roll over, you must contribute the amount of the payment you received to a *traditional* IRA or eligible employer plan within 60 days after you receive the payment. The portion of your payment that is rolled over will not be taxed until you take it out of the traditional IRA or the eligible employer plan.

You can roll over up to 100% of your payment that can be rolled over under Part I above, including an amount equal to the 20% of the taxable portion that was withheld. If you choose to roll over 100%, you must find other money within the 60-day period to contribute to the traditional IRA or the eligible employer plan, to replace the 20% that was withheld. On the other hand, if you roll over only the 80% of the taxable portion that you received, you will be taxed on the 20% that was withheld.

*Example: The taxable portion of your payment that can be rolled over under Part I above is \$10,000, and you choose to have it paid to you. You will receive \$8,000, and \$2,000 will be sent to the IRS as income tax withholding. Within 60 days after receiving the \$8,000, you may roll over the entire \$10,000 to a **traditional IRA** or an eligible employer plan. To do this, you roll over the \$8,000 you received from the Plan, and you will have to find \$2,000 from other sources (your savings, a loan, etc.). In this case, the entire \$10,000 is not taxed until you take it out of the traditional IRA or an eligible employer plan. If you roll over the entire \$10,000, when you file your income tax return you may get a refund of part or all of the \$2,000 withheld.*



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payment. See IRS Form 4972 for additional information on lump sum distributions and how you elect the special tax treatment.

**Repayment of Plan Loans.** If at the time you apply for your pension benefits, you have an *outstanding loan* from the Plan, the Plan may reduce or offset your balance in the Plan by the amount of the loan you have not repaid. The amount of your loan offset is treated as a distribution to you at the time of the offset and will be taxed unless you roll over an amount equal to the amount of your loan offset to another qualified employer plan or a traditional IRA within 60 days of the date of the offset.

If the amount of your loan offset is the only amount you receive or are treated as having received, no amount will be withheld from it. If you receive other cash payments from the Plan, the 20% withholding amount will be based on the entire amount paid to you, including the amount of the loan offset. The amount withheld will be limited to the amount of other cash paid to you. The amount of a defaulted Plan loan that is a taxable deemed distribution cannot be rolled over.

#### **SURVIVING SPOUSES, ALTERNATE PAYEES, AND OTHER BENEFICIARIES**

In general, the rules summarized above that apply to payments to employees also apply to payments to surviving spouses of employees and to spouses or former spouses who are "alternate payees." You are an alternate payee if your interest in the Plan results from a "qualified domestic relations order," which is an order issued by a court, usually in connection with a divorce or legal separation.

Congress recently changed the rules to permit a non-spouse beneficiary to rollover benefits but only to an Inherited IRA. Any such rollover has to be a direct transfer to that Inherited IRA. Non-spouse beneficiaries cannot rollover benefits to another qualified pension plan or to a regular IRA. If, however, a nonspouse beneficiary chooses to take a distribution from the Plan, rather than having a rollover, the beneficiary is not subject to mandatory 20% withholding. Ordinary income tax would apply. You may want to consult with a tax advisor regarding your options.

If you are a surviving spouse or an alternate payee, you may choose to have a payment that can be rolled over, as described in Part I above, paid in a DIRECT ROLLOVER to a traditional IRA or to an eligible employer plan or paid to you. If you have the payment paid to you, you can keep it or roll it over yourself to a traditional IRA or to an eligible employer plan. Thus, you have the same choices as the employee.

If you are a surviving spouse, an alternate payee, or another beneficiary, your payment is generally **not** subject to the additional 10% tax described in Part III above, even if you are younger than age 59-1/2.

If you are a beneficiary other than a surviving spouse or an alternate payee, the Plan may permit you to choose to have a payment that can be rolled over, as described in Part 1 above, paid in a Direct Rollover to a Traditional IRA or have the benefit paid to you. You may not roll over the payment that is made directly to you, nor may you choose to roll over the payment to an eligible employer plan. The IRA accepting the transfer is treated like a non-spouse Inherited IRA, under which benefits must be distributed in accordance with the required minimum distribution rules. In general, distributions from the Inherited IRA must either be paid to you in full within 5 years of the employee's death or must commence within 12 months of the employee's death and be paid over your life expectancy. The benefits cannot be rolled over from the Inherited IRA to any other IRA.

As explained above, surviving spouses and alternate payees have the same choices as the employee. However, unlike surviving spouses and alternate payees, non-spouse beneficiaries do not have the same choices as the employee. Because