

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

## **ADMINISTRATIVE OFFICES**

**P.O. BOX 5057, SAN JOSE, CA 95150-5057**

**Phone: (408) 288-4559 - Fax: (408) 288-4439**

To Whom It May Concern::

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

Please complete, sign and return the application to our office along with a copy of your proof of age (see enclosed instructions) and your marriage license. In addition, we will need a copy of your 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, your file will be referred to the Pension Trust Fund's Medical Consultant for a determination of your disability status.

Also included is Authorization Release Information 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.

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 A 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 A Disability Physician's Statement
5. Submit a Proof of Age (Refer to Proof of Age Instructions Attached)
6. Mail the completed Application and Physician's Statement to:  
P.O. 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**

**FOR ANY OCCUPATION**

**FOR REGULAR OCCUPATION**

- (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 rely.**

If you have additional questions after reading this notice, you may contact the Plan Office at 408-288-4559.

**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:

### **You're 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.

**Hardship Distributions.** A hardship distribution cannot be rolled over.

**Corrective Distributions.** A distribution that is made to correct a failed nondiscrimination test or because legal limits on certain contributions were exceeded cannot be rolled over.

**Loans Treated as Distributions.** The amount of a plan loan that becomes a taxable deemed distribution because of a default cannot be rolled over. However, a loan-offset amount is eligible for rollover, as discussed in PART II below. The Plan Administrator should be able to tell you if your payment includes amounts that cannot be rolled over.

### **II. DIRECT ROLLOVER**

A DIRECT ROLLOVER is a direct payment of the amount of your Plan benefits to a traditional IRA or an eligible employer plan that will accept it. You can choose a DIRECT ROLLOVER of all or any portion of your payment that is an eligible rollover distribution, as described in Part I above. You are not taxed on any taxable portion of your payment for which you choose a DIRECT ROLLOVER until you later take it out of the traditional IRA or eligible employer plan. In addition, no income tax withholding is required for any taxable portion of your Plan benefits for which you choose a DIRECT ROLLOVER.

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.*

*If, on the other hand, you roll over only \$8,000, the \$2,000 you did not roll over is taxed in the year it was withheld. When you file your income tax return, you may get a refund of part of the \$2,000 withheld. (However, any refund is likely to be larger if you roll over the entire \$10,000.)*

**Possible Additional 10% Tax If You Are under Age 59-1/2.** If you receive a payment before you reach age 59-1/2 and you do not roll it over, then, in addition to the regular income tax, you may have to pay an extra tax equal to 10% of the taxable portion of the payment. The additional 10% tax generally does not apply to

- (1) payments that are paid after you separate from service under your Plan during or after the year you reach age 55,
- (2) payments that are paid because you retire due to disability,
- (3) payments that are paid as equal (or almost equal) payments over your life or life expectancy (or your and your beneficiary's lives or life expectancies),
- (4) payments that are paid directly to the government to satisfy a federal tax levy,
- (5) payments that are paid to an alternate payee under a qualified domestic relations order, or
- (6) payments that do not exceed the amount of your deductible medical expenses. See IRS Form 5329 for more information on the additional 10% tax.

**Special Tax Treatment If You Were Born before January 1, 1936.** If you receive a payment from the Plan that can be rolled over under Part I and you do not roll it over to a traditional IRA or an eligible employer plan, the payment will be taxed in the year you receive it. However, if the payment qualifies as a "lump sum distribution," it may be eligible for special tax treatment. A lump sum distribution is a payment, within one year, of your entire balance under the Plan (and certain other similar plans of the employer) that is payable to you after you have reached age 59-1/2 or because you have separated from service with your employer (or, in the case of a self-employed individual, after you have reached age 59-1/2 or have become disabled). For a payment to be treated as a lump sum distribution, you must have been a participant in the Plan for at least five years before the year in which you received the distribution.

The special tax treatment for lump sum distributions that may be available to you is described below.

**Ten-Year Averaging.** In brief, if you receive a lump sum distribution and you were born before January 1, 1936, you can make a one-time election to figure the tax on the payment by using a "10-year averaging" method which also uses 1986 tax rates. Ten-year averaging often reduces the tax you owe.



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 of this difference, the mandatory withholding rules described in Number 4 above, that typically apply to payments that are not rolled over, do not apply to payments made to non-spouse designated beneficiaries. 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 Number 4 above, even if you are younger than age 59½.

If you are a surviving spouse, an alternate payee, or another beneficiary, you may be able to use the special tax treatment for lump sum distributions as described in Part III above. If you receive a payment because of the employee's death, you may be able to treat the payment as a lump sum distribution if the employee met the appropriate age requirements, whether or not the employee had 5 years of participation in the Plan.

#### **State or Local Income Tax**

Please note that state or local income tax is withheld only for those states where such withholding is mandatory. If you reside in a state that has a state income tax, and the state does not have a mandatory withholding rule, you will be responsible for any state income taxes due on the taxable portion of your distribution. You should also be aware that some states have not yet changed their laws to take into account the expanded rollover rules that became effective January 1, 2002. In certain cases, a rollover now permitted under federal law may be subject to taxation under state law. However, once the rollover is taxed under state law, the state would not tax this amount again when later you receive it as a distribution.

#### **HOW TO OBTAIN ADDITIONAL INFORMATION**

This notice summarizes only the federal (not state or local) tax rules that might apply to your payment. The rules described above are complex and contain many conditions and exceptions that are not included in this notice. Therefore, you may want to consult with the Plan Administrator or a professional tax advisor before you take a payment of your benefits from your Plan. Also, you can find more specific information on the tax treatment of payments from qualified employer plans in IRS Publication 575, Pension and Annuity Income, and IRS Publication 590, Individual Retirement Arrangements. These publications are available from your local IRS office, on the IRS's Internet Web Site at [www.irs.gov](http://www.irs.gov), or by calling 1-800-TAX-FORMS.