

Central Laborers' Pension Fund  
PO Box 1267 ♦ Jacksonville, IL 62651-1267  
Phone 217/ 243-8521 or 800/ 252-6571



App#

**Application for Disability Pension or Occupational Disability Benefit**

To determine whether you may meet the Fund's eligibility requirements for a Disability Pension or an Occupational Disability Benefit, please consult your copy of the Summary Plan Description of the Central Laborers' Pension Fund and the August 2005 Announcement Letter, which, among other things, details the eligibility requirements for each of these benefits. If you do not have either of these documents, please contact the Fund Office.

1. Please read each question carefully.
2. Print all information.
3. Please answer all applicable questions and provide the necessary documents to avoid delay in processing your application.
4. Attach additional pages if you need more space to answer any questions.
5. Be sure to sign and date this application.
6. Please submit the Proof of Disability Form completed by you and your physician.
7. Please submit the signed Medical Release, Applicant Release, and Social Security Administration Consent for Release of Information.
8. Mail the completed application and documentation to the address shown above.

**Part I. Descriptions of the Disability Pension and the Occupational Disability Benefit**

**Disability Pension**

A Disability Pension is a monthly pension benefit available in the event you are unable to work due to a total and permanent disability. If you are eligible for a Disability Pension, you will be asked to elect how you want your pension paid (a Life Only Pension, a 50%, 75%, or 100% Husband and Wife Pension). If you are married and elect a Life Only form of payment, your spouse must consent to waive the 50% Husband and Wife Pension in accordance with the Fund's Rules and Regulations. If eligible, the monthly amount of a Disability Pension will equal the monthly amount of your Regular Pension benefit earned as of the date you became disabled, assuming payment as a Life Only Pension (if your benefit is paid in another form, your monthly benefit will be adjusted in accordance with the Fund's Rules and Regulations).

**Occupational Disability Benefit**

The Occupational Disability Benefit is not a pension; it is a temporary monthly disability benefit payable until you recover, retire, or die. When you are eligible to retire on a Regular, Early Retirement, or Service Pension, you will be asked to elect how you want your pension to be paid. In the event of your death while receiving an Occupational Disability Benefit, all benefit payments end. However, if you are married, your surviving spouse may be eligible to receive a Pre-Retirement Surviving Spouse Pension as if you had died while actively employed. If eligible, the monthly amount of an Occupational Disability Benefit will be 50% of your Regular Pension amount earned as of the date you became occupationally disabled and calculated as if you retired and received payment as a Life Only option. Occupational Disability Benefits are not part of your accrued pension and will not affect the monthly amount of your or your survivor's benefit upon your retirement or death.

**Part II. Request for Disability Pension or Occupational Disability Benefit**

		*Yes	No
I am applying for:	Disability Pension	<input type="checkbox"/>	<input type="checkbox"/>
	Occupational Disability Benefit	<input type="checkbox"/>	<input type="checkbox"/>

**\*Important:** A Participant who may not be eligible for a Disability Pension may be eligible for an Occupational Disability Benefit. For this reason, you may mark "Yes" for Disability Pension and Occupational Disability Benefit. If you do this, the Fund will first consider whether you meet the requirements of a Disability Pension. If you are not eligible for a Disability Pension, the Fund will then consider whether you are eligible for an Occupational Disability Benefit. In any event, after considering your application, the Fund will notify you of whether you are eligible for the Disability Pension or Occupational Disability Benefit. For purposes of your appeal rights, you may appeal the Fund's initial determination that you are not eligible for a Disability Pension, even if the Fund finds that you are eligible for an Occupational Disability Benefit. (For more information on the Fund's claims and appeals procedures, please consult your copy of the Summary Plan Description.)

**Part III. Your Personal Information**

Name \_\_\_\_\_ Date of birth\*\* \_\_\_\_\_  
(last) (first) (middle) Month/Day/Year

Address \_\_\_\_\_  
(number and street) (city) (state) (zip code)

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

Are you married:  Yes  No (If "yes", complete the following)

Spouse's name \_\_\_\_\_ Spouse's SSN \_\_\_\_\_

Spouse's date of birth \*\* \_\_\_\_\_ Date of marriage \*\* \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Are you considering or currently in the process of obtaining a divorce:  Yes  No

Were you previously married and divorced:  Yes  No

**If "yes", please provide a complete, certified copy of the Divorce Decree and Property/Marital Settlement Agreement.**

Have you ever served in the armed forces of the United States?  Yes  No

\_\_\_\_\_  
Branch of Service Date Entered Date of Discharge or Separation\*\*

\*\*Submit proof – See enclosed instructions

Local Union #, City/State \_\_\_\_\_ LIUNA Membership # \_\_\_\_\_

Dates of Union membership From \_\_\_\_\_ To \_\_\_\_\_

What other Laborers' Local Unions have you belonged to: Check here if none

\_\_\_\_\_  
Local Union # Location/City & State From \_\_\_\_\_ To \_\_\_\_\_  
Dates of Union membership

Are you receiving or eligible to receive pension benefits from other pension plans due to your employment as a laborer?  Yes  No If "yes", provide name of Plan \_\_\_\_\_

Name of current or most recent employer \_\_\_\_\_

The last day I worked was or will be \_\_\_\_\_

Are you now or have you ever been unable to work because of total disability?  Yes  No

If "yes", cause of disability: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Have you applied for Social Security disability benefits?  Yes  No

Please provide the address of your Social Security office: \_\_\_\_\_

If you have applied for SSA disability benefits, have you received a SSA disability award?  Yes  No

If you have received a SSA disability award, what is the date of that award? \_\_\_\_\_

*If you have been awarded Social Security disability benefits, include a copy of the Social Security award certificate with this application. Also, please complete and return the enclosed Social Security Administration "Consent for Release of Information".*

Nature of disability: \_\_\_\_\_

When did you become disabled? \_\_\_\_\_

Name and address(es) of your physician(s): \_\_\_\_\_

Have you worked at any occupation since you became disabled?  Yes  No

If "yes", describe your work and periods of employment: \_\_\_\_\_

\_\_\_\_\_

#### **Part IV. Signature and Certification**

I hereby apply for benefits from the Central Laborers' Pension Fund and certify that all statements in this application are true and accurate to the best of my knowledge and belief. If benefits are awarded to me, I agree to be bound by all of the Rules and Regulations of the Pension Fund. I understand that in the event of an overpayment of my benefits, the Trustees are entitled to recover any amounts overpaid to me. Also, if no information appears in the spouse's section above, I certify that I am not married.

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature of Applicant**

#### **Part V. Commencement of Payment of Benefits**

If you believe you are disabled and may be eligible to receive a Disability Pension or Occupational Disability Benefit, you should submit this Application to the Fund Office as soon as possible in order for the Fund to review your application and supporting documentation. If the Fund determines that you are eligible to receive a Disability Pension or Occupational Disability Benefit, monthly payments will commence on your "earliest disability commencement date" which is defined in the Fund's Rules and Regulations as the first day of the month following the date a completed application for benefits is filed with the Fund Office. If determined to be eligible, at the time your monthly Disability Pension or Occupational Disability Benefit payments begin, you may also be provided payments retroactively back to your *earliest disability commencement date*; *provided* that under no circumstances will the amount of any retroactive payment exceed 36 times your monthly Disability Pension or your monthly Occupational Disability Benefit. In no event can an Occupational Disability Benefit be paid for any retroactive period prior to October 1, 2004.

*In the event the Fund determines you are not eligible for a Disability Pension or Occupational Disability Benefit, you may appeal such adverse determination(s) in accordance with the Fund's Claims and Appeals Procedures for Disability claims as set forth in your Summary Plan Description.*

**CENTRAL LABORERS' PENSION FUND**  
**PROOF OF AGE**

In applying for retirement benefits, the Fund office needs to receive proof of your age as well as your spouse's age (if married). The following list shows the type of documents that may be submitted. Some documents are preferred over others, and the list is arranged in order of preference.

Please furnish the best type of proof of age that is available. Additional proof may be required if the document you submit cannot be accepted. Photocopies of the documents **may** be submitted.

**NOTE:** Naturalization Papers, United States Passports and Immigration Papers **MAY NOT** be photocopied. If any of these documents are the only proof of age you have, please submit the original document and it will be returned to you.

1. Birth Certificate
2. A baptismal certificate or 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 public registry of vital statistics
4. Hospital birth record, certified by custodian of such record
5. A foreign church or government record
6. A signed statement by a physician or midwife who was in attendance at birth, as to the date of birth shown on their records
7. Naturalization Records
8. Immigration Papers
9. Military Record
10. Passport
11. School record, certified by the custodian of such record
12. Vaccination record, certified by the custodian of such record
13. An insurance policy which has been in force at least ten (10) years and which shows the age or date of birth
14. 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)
15. Other evidence such as signed statements from persons who have knowledge of the date of birth, voting record, etc.
16. Certification of record of age by the United States Census Bureau

**PROOF OF MARRIAGE:** A photocopy of your Marriage License will be accepted, however it is preferred that you submit the original. A copy will be made and the original will be returned to you.

**DISABILITY:** If applying for a Disability Pension, the Proof of Disability Form needs to be completed by the applicant and his/her physician and returned to the Fund office.

**MILITARY SERVICE:** If you have served in the Armed Forces of the United States, please submit a photocopy of your discharge documents.



## Central Laborers' Pension Fund

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<http://www.central-laborers.com>

### TO WHOM IT MAY CONCERN

I hereby request and authorize you to disclose to the Central Laborers' Pension Fund any and all information and reports you may have concerning the medical condition for which you and/or other physicians have been treating me, including medical history, consultation, treatment, etc.

I further request and authorize you to express such opinions as may be requested by the Central Laborers' Pension Fund with regard to the existence/extent of my disability, if applicable.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Participant's Social Security Number

**Central Laborers' Pension Fund**  
**Proof of Disability Form**  
**For Non-Work Disability Pension Credit**

**Instructions:** The Pension Plan provides Non-Work Disability Pension Credit to Laborers who are unable to perform their usual occupational duties as a result of a disability. Please have your Doctor complete the Physician's Statement on the reverse side.

**Employee's Statement**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
                    Last                      First                      Middle

Address \_\_\_\_\_  
                    Street                                      City                                      State                                      Zip Code

Birth Date \_\_\_\_\_ Local Union No. \_\_\_\_\_ Initiation Date \_\_\_\_\_

*Type of Disability: (Check one and complete the requested information)*

•  **Occupational Disability**

1. Disability due to: \_\_\_\_\_

2. Period of disability from \_\_\_\_\_ to \_\_\_\_\_  
  Month/Day/Year                                      Month/Day/Year

I received Worker's Compensation from \_\_\_\_\_ to \_\_\_\_\_ as a  
  Month/Day/Year                                      Month/Day/Year  
result of the on-the-job disability described above and documents substantiating my Worker's  
Compensation award for the period shown are attached.

•  **Non-Occupational Disability**

1. Non-Occupational Disability due to                       Accident                       Sickness

2. Description of disability \_\_\_\_\_

3. Period of disability from \_\_\_\_\_ to: \_\_\_\_\_  
  Month/Day/Year                                      Month/Day/Year

4. Date of first doctor's treatment \_\_\_\_\_  
  Month/Day/Year

Your doctor's statement as to the nature of your disability must be included on the form provided on the reverse side of this application, regardless of whether you are applying for occupational or non-occupational disability.

I hereby apply for Non-Work Disability Pension Credit based on the proof submitted herein. I have provided all of the required information about my occupational or non-occupational disability and I certify that the information is true and correct. I also request and authorize my physician to complete this form and submit the information to the Pension Fund.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

**Statement of the Attending Physician**

Name of Employee : \_\_\_\_\_ Phone Number \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street City State

**History:**

- Disability due to  Illness  Injury due to accident
- When did present illness begin, or injury occur? \_\_\_\_\_  
Month/Day/Year
- Date employee was obliged to cease work? \_\_\_\_\_  
Month/Day/Year
- Patient has been continuously disabled (unable to work) from \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year
- Is there a previous history of this illness?  Yes  No
- Did sickness or injury arise out of patient's employment?  Yes  No If "yes" please explain

**Diagnosis:**

\_\_\_\_\_  
\_\_\_\_\_

**Treatment:**

- Date of first visit \_\_\_\_\_ (Month/Day/Year)
- Date of last visit \_\_\_\_\_ (Month/Day/Year)
- Frequency of visits \_\_\_\_\_
- When did you last examine the Employee? \_\_\_\_\_ (Month/Day/Year)
- When do you recommend reexamination? \_\_\_\_\_ (Month/Day/Year)

**Progress:**

- Recovered  Unimproved
- Improved  Retrogressed

**Degree of Disability:**

- Has the Employee been able to perform any work; if so, from what dates?

Regular Work as a Laborer \_\_\_\_\_ Other Work \_\_\_\_\_  
Month/Day/Year Month/Day/Year

- If not, when do you think he/she will be able to work?

- Approximate date \_\_\_\_\_ (Month/Day/Year)
- Indefinite
- Never

(please print)

Doctor's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Signature M.D. \_\_\_\_\_  
Date

**Social Security Administration**  
**Consent for Release of Information**

**TO: Social Security Administration**

Name	Date of Birth	Social Security Number
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I authorize the Social Security Administration to release information or records about me to:

NAME	ADDRESS
Central Laborers' Pension Fund	PO Box 1267, Jacksonville, IL 62651-1267

I want this information released because:  
This information will assist the Central Laborers' Pension Fund in determining whether I am eligible for a disability benefit with the Fund.

(There may be a charge for releasing information.)

Please release the following information:

- Social Security Number
- Identifying information (includes date and place of birth, parents' names)
- Monthly Social Security benefit amount
- Monthly Supplemental Security Income payment amount
- Information about benefits/payments I received from \_\_\_\_\_ to \_\_\_\_\_
- Information about my Medicare claim/coverage from \_\_\_\_\_ to \_\_\_\_\_  
(specify) \_\_\_\_\_
- Medical records
- Record(s) from my file (specify) ENTIRE FILE
- Other (specify) \_\_\_\_\_

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: \_\_\_\_\_  
(Show signatures, names, and addresses of two people if signed by mark.)

Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Social Security Administration**  
**Consent for Release of Information**

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Please read these instructions carefully before completing this form.

**When to Use This Form**                      **Complete this form only if you want the Social Security Administration to give information or records about you to an individual or group (for example, a doctor or an insurance company).**

**Natural or adoptive parents or a legal guardian, acting on behalf of a minor, who want us to release the minor's:**

- ' **nonmedical** records, should use this form.
- ' **medical** records, should not use this form, but should contact us.

**Note:** Do not use this form to request information about your earnings or employment history. To do this, complete Form SSA-7050-F4. You can get this form at any Social Security office.

**How to Complete This Form**                      **This consent form must be completed and signed only by:**

- ' the person to whom the information or record applies, or
- ' the parent or legal guardian of a minor to whom the **nonmedical** information applies, or
- the legal guardian of a legally incompetent adult to whom the information applies.

**To complete this form:**

- ' **Fill in the name, date of birth, and Social Security Number of the person to whom the information applies.**
- ' **Fill in the name and address of the individual or group to which we will send the information.**
- ' **Fill in the reason you are requesting the information.**
- ' **Check the type(s) of information you want us to release.**
- ' **Sign and date the form. If you are not the person whose record we will release, please state your relationship to that person.**

**PRIVACY ACT NOTICE:** The Privacy Act Notice requires us to notify you that we are authorized to collect this information by section 3 of the Privacy Act. You do not have to provide the information requested. However, we cannot release information or records about you to another person or organization without your consent for release of information. Your records are confidential. We will release only records that you authorize, and only to persons or organizations who you authorize to receive that information.

**PAPERWORK REDUCTION ACT STATEMENT:** This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** The office is listed under **U.S. Government agencies** in your telephone directory or you may call Social Security at 1-800-772-1213. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 212345-6401. Send only comments relating to our time estimate to this address, not the completed form.*





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### Central Laborers' Pension Fund

### Restated Plan Rules and Regulations Amended and Restated Effective October 1, 2008

#### Section 1.34. Total and Permanent Disability and Occupational Disability

(a) Total and Permanent Disability:

For purposes of Section 3.3(a) (“Disability Pension”), a Total and Permanent Disability shall mean that, in the opinion of a licensed medical practitioner selected or approved by the Trustees, the Participant, as a result of bodily injury or disease not resulting from an intentional self-inflicted injury, is totally and permanently able neither to:

- (1) engage in any further employment or gainful pursuit as a laborer or other building trades crafts employment in the construction industry for remuneration or profit, regardless of the amount, nor
- (2) engage in further employment or gainful pursuit of non-laborer or other non-building trades crafts employment for which the employment is considered full-time or a primary source of income.

A Total and Permanent Disability must be considered total and permanent and be expected to continue during the remainder of the Participant’s life. The Trustees shall have sole and exclusive authority to determine whether a Participant has suffered a Total and Permanent Disability.

The Trustees may, at their discretion, accept as evidence of Total and Permanent Disability a determination by the Social Security Administration that the Participant is entitled to a Social Security Disability Income or any other Social Security Administration benefit based on disability (“Social Security Disability Benefit”) in connection with his Old Age and Survivor’s Insurance Coverage.

(b) Occupational Disability:

For purposes of Section 3.3(b) (“Occupational Disability Benefit”), an Occupational Disability shall mean that, in the opinion of a licensed medical practitioner selected or approved by the Trustees the Participant, as a result of bodily injury or disease not resulting from an intentional self-inflicted injury, is totally and permanently unable to engage in any further employment or gainful pursuit as a laborer or other building trades crafts employment in the construction industry for remuneration or profit, regardless of the amount. An Occupational Disability must be considered total and permanent and be expected to continue during the remainder of the Participant’s life. The Trustees shall have the sole and exclusive authority to determine whether a Participant has suffered an Occupational Disability.



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### Central Laborers' Pension Fund Restated Plan Rules and Regulations Amended and Restated Effective October 1, 2008

#### Section 3.3. Disability Pension and Occupational Disability Benefit

(a) Disability Pension.

A Participant may be eligible to receive a Disability Pension if he:

- (1) has suffered a Total and Permanent Disability as defined in Section 1.34(a);
- (2) has earned at least five (5) Years of Vesting Service prior to suffering a Total and Permanent Disability, and
- (3) worked at least 250 Hours of Work in Covered Employment during the Plan Year in which he suffered a Total and Permanent Disability, or in either of the immediately preceding two (2) Plan Years.

(b) Occupational Disability Benefit.

A Participant may be eligible to receive an Occupational Disability Benefit if he:

- (1) has suffered an Occupational Disability (as defined in Section 1.34(b)) on or after October 1, 2004, while working as a laborer or in other building trades crafts;
- (2) has earned at least five (5) Years of Vesting Service prior to suffering an Occupational Disability, and
- (3) worked at least 250 Hours of Work in Covered Employment during the Plan Year in which he suffered an Occupational Disability, or in either of the immediately preceding two (2) Plan Years.

The Occupational Disability Benefit is not part of the Participant's Accrued Pension, is not a protected benefit under Code Section 411(d)(6), and may be reduced or eliminated at any time in the sole discretion of the Trustees.

(c) This Section 3.3(c) shall apply to Participants whose eligibility for benefits is based on work for Non-Construction Employers who become signatory to a Collective Bargaining Agreement on or after May 1, 1998, and to Participants whose eligibility for benefits is based on work for Employers with non-bargained employees who become signatory to a Participation Agreement on or after May 1, 1998. Such a Participant shall not be eligible for an Occupational Disability Benefit. However, he may be eligible to receive a Disability Pension if he:

- (1) has suffered a Total and Permanent Disability as defined in Section 1.34(a);

(2) has earned at least five (5) Years of Vesting Service prior to commencement of his disability, and

(3) worked at least 1,000 Hours of Work in Covered Employment during the Plan Year in which he suffered a Total and Permanent Disability or in the immediately preceding Plan Year.

(d) Disability Pension or Occupational Disability Benefit payments shall commence on the first day of the month following the date a completed application for benefits is filed with the Fund Office (the "earliest disability commencement date").

(1) If the Board of Trustees determines that a Participant is deemed to be totally and permanently disabled or occupationally disabled as defined in Section 1.34 of the Plan on a date that is before a Participant's earliest disability commencement date, then such Participant shall receive a supplemental payment that is equal to the amount of the Participant's monthly Disability Pension benefit or Occupational Disability benefit, as applicable, for each month retroactive to the date that the Board of Trustees determined that such participant was deemed to be totally and permanently disabled or occupationally disabled. The retroactive payment shall not exceed 36 months from the earliest disability commencement date. Supplemental payments hereunder are not payments pursuant to a Retroactive Annuity Starting Date.

(2) If a Participant who is entitled to a supplemental payment as set forth in Subsection (d)(1) dies before he receives the payment (but after he submits an application for benefits), then the payment described in Subsection (d)(1) above shall be payable to the Participant's Designated Beneficiary.

(3) In the event a Participant is married to a Qualified Spouse –

- (A) dies after he or she submits to the Fund Office a completed application for a Disability Pension but before a determination is made as to the Participant's eligibility for a Disability Pension;
- (B) elected to receive his or her benefit as a 50% Husband-and-Wife Pension or as a 75% or 100% Husband-and-Wife Pension Option; and
- (C) would have been eligible for a Disability Pension had he or she not died,

then the benefit payable to the Participant's Surviving Spouse shall be determined as if the Participant died on what would have been his or her earliest disability commencement date (or a previously determined date of disability as in the case of the award of a Social Security Administration Disability Benefit), for purposes of determining the form and amount of the Qualified Spouse's survivor benefit, rather than in accordance with Sections 6.5, 6.6 or 6.7 of the Plan.

(e) Termination of Disability Pension or Occupational Disability Benefit:

- (1) The last payment of a Disability Pension shall be made on the first day of the month preceding the earlier of the following:
  - (i) the day the Participant, or his Qualified Spouse, die, depending on the optional form of payment elected by the Participant and his Qualified Spouse in accordance with Section 6.1, 6.2 or 6.3; or
  - (ii) the first day of the month in which the Trustees determine that cessation of his Total and Permanent Disability occurred.

For purposes of Subparagraph 3.3(e)(1)(ii), cessation of a Participant's Total and Permanent Disability shall include, but not be limited to, the Social Security Administration's final determination that the Participant is not eligible for a Social Security Administration Disability Benefit or, in the case of a Participant who has previously been awarded a Social Security Administration Disability Benefit, a final determination by the Social Security Administration that the Participant is no longer eligible for a Social Security Administration Disability Benefit because he is no longer totally disabled. A final determination of the Social Security Administration shall be considered the earlier of the date the Participant exhausts his administrative appeal rights as established by the Social Security Administration or the date the Participant fails or refuses to appeal the Social Security Administration's determination that the Participant is not (or ceases to be) totally disabled and ineligible for a Social Security Administration Disability Benefit.

- (2) The last payment of an Occupational Disability Benefit shall be made on the earliest of:
  - (A) the first day of the month preceding the Annuity Starting Date of his Regular, Early Retirement, Disability, or Service Pension;
  - (B) the first day of the month in which the Trustees determine that cessation of his Occupational Disability occurred; or
  - (C) the first day of the month preceding the day he died.

In the event a Participant dies while receiving an Occupational Disability Benefit, the rights of the Participant's Beneficiary or Surviving Spouse shall be determined in accordance with Sections 6.5, 6.6 and 6.7 of the Plan.

- (3) Eligibility for a Disability Pension or Occupational Disability Benefit shall be considered to have ceased, and the Disability Pension or Occupational Disability Benefit shall be terminated, if the Participant:
  - (A) (i) In the case of a Disability Pension, returns to employment as a laborer or other building trades crafts employment in the construction industry for remuneration or profit, regardless of the amount, or returns to full-time employment, or employment that is considered a primary source of income, as a non-laborer or in a non-building trades crafts, or,

- (ii) In the case of an Occupational Disability Benefit, returns to Covered Employment or any employment as a laborer or other building trades crafts employment in the construction industry for remuneration or profit, regardless of amount;
  - (B) In the opinion of the Trustees, based on medical findings, has sufficiently recovered to be able to resume employment as described in (A)(i) or (A)(ii) above (whichever is applicable); or
  - (C) Refuses to undergo such medical examination or furnish such reasonable information as may be requested by the Trustees.
- (4) Any Participant who receives a Disability Pension who subsequently ceases to be Totally and Permanently Disabled prior to age 63 may:
- (A) apply for an Early Retirement or Service Pension, provided he has fulfilled the age and service requirements for such Early Retirement or Service Pension. The Early Retirement or Service Pension shall become payable for the month immediately following the month in which the Disability Pension shall terminate, and the amount shall be equal to his Early Retirement or Service Pension; or
  - (B) apply for an Occupational Disability Benefit, provided he has fulfilled the definition of "Occupational Disability" as defined in Section 1.34(b); or
  - (C) return to Covered Employment.
- (f) If a completed application for a Disability Pension is filed with the Fund Office, and subsequently approved for payment by the Trustees but the Participant dies before his Disability Pension payments would have begun, such Disability Pension will be paid to the surviving Qualified Spouse or named Beneficiary in accordance with the application as if the Disability Pension had commenced.
- (g) Failure to Comply with Reporting and Disclosure Requirements:
- (1) A Participant receiving a Disability Pension or Occupational Disability Benefit shall report any and all earnings from any employment or gainful pursuit to the Fund Office in writing within fifteen (15) days after the end of each calendar year for which he had such earnings.
  - (2) A Participant receiving a Disability Pension or Occupational Disability Benefit shall furnish an annual release whereby the Trustees may obtain Social Security Administration earnings information as described in Section 1.34(e)(1) within fifteen (15) days after the Participant receives a request from the Fund Office for such release.
  - (3) In the event the Social Security Administration determines that a Participant receiving a Disability Pension under this Plan ceases to be eligible for a Social Security Disability Benefit, the Participant shall notify the Fund Office within fifteen (15) days of being notified by the Social Security Administration of that determination.

If a Participant receiving a Disability Pension or Occupational Disability Benefit fails to make timely reports as described in paragraph (1), fails to provide an annual release as described in paragraph (2) or, in the case of a Participant who is receiving a Disability Pension, fails to provide timely notice to the Fund Office as described in paragraph (3), or fails to comply with any other reporting and disclosure requirement described in Section 3.3(g), the Trustees may, in their sole discretion, determine that such Participant shall not receive his monthly Disability Pension payments (or monthly Occupational Disability Benefit, if applicable) for up to twelve (12) months. This twelve (12)-month period shall be in addition to any period for which the Participant was not eligible to receive benefits on account of not satisfying the requirements of subsections (a) or (b) of Section 1.34.

(h) Required Documentation:

- (1) A Participant applying for a Disability Pension or an Occupational Disability Benefit shall be required to submit a certificate of a licensed medical practitioner acceptable to the Trustees as evidence that he meets the definition of a Total and Permanent Disability or an Occupational Disability. In addition, the Participant must furnish, at the request of the Trustees, (i) an annual release whereby the Trustees may obtain Social Security Administration earnings information for any given year or years to establish proof of continued Total and Permanent Disability or Occupational Disability; and/or (ii) if the Participant has applied for a Social Security Administration Disability Benefit, copies of his application and all documentation submitted in support thereof. The Participant may also be required to submit to an examination by a physician or physicians selected by the Trustees and may be required to submit to re-examination periodically as the Trustees may direct.
- (2) Any Participant who applies for a Social Security Disability Benefit shall submit to the Fund Office copies of any decision issued by the Social Security Administration immediately upon his receipt of such decision. In the event the Social Security Administration denies the Participant's application for a Social Security Administration Disability Benefit, the Participant must submit to the Fund Office a copy of the Social Security Administration's denial along with any written appeal of that adverse determination, if any.
- (3) Notwithstanding any other provision of Section 1.34 or Section 3.3, if the Participant has been awarded a Social Security Administration Disability Benefit, disability recertification may be required once every two (2) years. If the Participant has not been awarded a Social Security Disability Benefit, he may be required to obtain a physician's verification of continued disability at least once each year.



## Central Laborers' Pension Fund

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### **Relative Value of Benefit Payment Options for the Central Laborers' Pension Plan**

The Central Laborers' Pension Fund offers several optional forms of payment to eligible participants, in addition to the normal form of payment available under the Plan. In all cases, these optional forms of payment have relatively the same value as the normal form of payment. The remainder of this notice explains why you need to know this, what this means, and how this was determined.

#### ***What is "Relative Value"?***

Relative value means the actuarial present value of each optional form of payment compared to the actuarial present value of the normal form of payment under a plan. Actuarial values of benefits are determined using:

- Mortality assumptions, which are based on standardized tables developed by actuarial organizations and life insurance companies. Information is analyzed about large groups of people to project the rates at which groups of individuals at different ages are expected to die. These statistical mortality projections are used to develop "average life expectancies".
- Interest assumptions, which estimate the likely investment earnings, over time, of the money put aside to pay benefits. This is important in the determination of actuarial value because investment earnings provide some of the money used to pay benefits.

#### ***What are the Relative Values under the Central Laborers' Pension Fund?***

Under the Central Laborers' Pension Fund, the normal forms of payment are the:

- Husband-and-Wife Pension, which under the Plan is a 50% husband-and-wife pension, with a pop-up feature, for married participants
- Single Life Annuity for single participants

The generally available optional forms of payment covered by this comparison are the:

- Normal form (Life Only Pension)
- 50%, 75%, and 100% Husband-and-Wife Pensions (with pop-up feature)

All forms of payment available under the Central Laborers' Pension Fund have approximately the same actuarial present value.

### ***How Was This Determined?***

The valuation and reporting methodologies used were based on IRS regulations, which can be found in Treasury Regulations Section 1.417(a)(3)-1. These methodologies are fairly technical and can be difficult to understand. However, IRS regulations require that this information be provided to you.

The values were calculated, for comparison purposes, assuming the Fund would earn 7% interest and that, on average, non-disabled participants and spouses would live as long as predicted under the 1971 Group Annuity Mortality Table, and the 1965 Railroad Retirement Board All Disabled Ultimate Mortality Table for disabled participants. We also assumed for married participants that the spouse is the same age as the participant.

### ***What Does This Mean to Me?***

As stated earlier, basically, this means all optional forms of payment have relatively the same value as the normal form of payment under the Central Laborers' Pension Fund. However, it is important that you realize that this is not a guarantee or even a prediction of what you will actually be eligible to receive when you retire. The actual value of the different forms of payment will vary depending on how long the individual and spouse or beneficiary in fact live and on their ages when payments start.

Upon your written request, you will be provided with a similar comparison, based on your own age and estimated benefits, between your normal form of payment and on any other forms of payment that you are eligible for. You may want to consult a financial advisor when you are nearing retirement to determine what is right for you.

*For pension applications while the Plan is in critical status*

**Central Laborers' Pension Plan**  
**Delaying the Date Your Pension Starts Could Affect Your Benefit Amount**

**Regular Pension:** If you are a Plan Participant and leave Covered Employment to retire on or after age 63 with at least 5 Years of Vesting Service, you are eligible for an unreduced Regular Pension. The Regular Pension is calculated based on the years in which you earned your benefit service and the number of years of benefit service. You will find instructions about how to estimate your monthly pension benefit on page 19 of the Summary Plan Description and any subsequent announcement letters.

**Service Pension:** You are eligible for a Service Pension as explained on page 20 of the Summary Plan Description if you retire with at least 30 Pension Credits earned before October 1, 1999. If you earn your 30<sup>th</sup> Pension Credit on or after October 1, 1999, you will receive the portion of your Service Pension earned after October 1, 1999 as early as age 53 as long as you satisfy one of the following requirements:

- (1) earned at least one-half of a Year of Vesting Service in each of the two preceding Plan Years immediately before the Plan Year in which you reached age 53, or leave Covered Employment to retire, whichever is later, or
- (2) earned at least one and one-half Years of Vesting Service during the two Plan Years before and the Plan Year you reach age 53 or leave Covered Employment to retire, whichever is later, or
- (3) received an Occupational Disability Benefit continuously from your date of disability through the date your Service Pension starts and must have met one of the service requirements of (1) or (2) above when you last worked in Covered Employment.

If you first became a Plan Participant on or after January 1, 1997 or re-entered the Plan on or after January 1, 1997 after incurring a Permanent Break in Service, you are eligible for the Service Pension regardless of age if you have 25 Years of Vesting Service. The Service Pension is calculated the same as a Regular Pension with no reductions for age.

**Early Retirement Pension:** If you leave Covered Employment to retire between ages 53 and 63 with at least 5 Years of Vesting Service, you may be eligible for a reduced Early Retirement Pension, as explained on page 19 of the Summary Plan Description. The Early Retirement Pension reduction factors are shown in *Appendix, Chart 2*, on pages 39-40 of the Summary Plan Description.

**Example of a reduced Early Retirement Pension:**

Mark is retiring at age 57 with 10 Years of Vesting Service. His Regular Pension is calculated to be \$1,000 per month. Because Mark is retiring six years before his Regular Pension age of 63, his monthly Early Retirement Pension will be \$633.00 per month, which is \$1,000 multiplied by 63.3% (the early retirement reduction factor for age 57, per *Appendix, Chart 2*).

***Delaying Retirement Will Increase your Pension.*** If you delay starting your pension and continue to work in Covered Employment, your pension will increase because you are earning additional benefits. In addition, if you are eligible for a Deferred Pension that is subject to reduction for early payment, your pension will also increase the closer you are to age 65 before starting your pension.

**Deferred Pension:** If you terminate Covered Employment prior to age 53 with at least 5 Years of Vesting Service, you may be eligible for a Deferred Pension starting at age 65 as described on page 20 of the Summary Plan Description. The Deferred Pension reduction factors are shown in *Appendix, Chart 3*, on pages 41-42 of the Summary Plan Description.

If your Annuity Starting Date is after your Normal Retirement Age, then your monthly benefit will be actuarially increased for each month after your Normal Retirement Age that you do not receive your pension (and you are not in Industry Employment).

**Example of a Deferred Pension:**

George worked in Covered Employment from age 30 to age 35 and earned 5 Years of Vesting Service. He then pursued a career as a computer technician and did not return to Covered Employment. When George reaches age 65, he will be entitled to a Deferred Pension based on the accrual rate during the years in which he earned his benefit service. If George waits until after age 65 to receive his Deferred Pension, his benefit will be actuarially increased to account for the delay.

If you have any questions about this information, please review your Summary Plan Description booklet or contact the Fund Office at 800-252-6571.