

RETURN TO WORK POLICY

If you are receiving an early or normal retirement benefit:

- You must immediately notify the NEBF if you return to work in the electrical industry for forty (40) or more hours per month.
- If you are receiving an early or normal retirement benefit and you return to work in the electrical industry for forty (40) or more hours per month, your benefit will be suspended until such time that you actually retire. Any hours worked in covered employment after you return to work will be included in the calculation for your eventual pension benefit. No deduction will be made in your benefit on account of your return to work.

If you are receiving a disability benefit:

- You must immediately notify the NEBF if you return to any substantial gainful employment or if you are no longer disabled.
- If you are receiving a disability benefit and you return to any substantial gainful employment, your disability benefit will cease and you will no longer be considered disabled for NEBF purposes.

Failure to notify the NEBF of subsequent employment:

- If you return to work in the electrical industry (or return to any work if you are receiving a disability benefit) and do not inform the NEBF, when the NEBF becomes aware of such employment, the NEBF will presume that you are working for forty (40) or more hours per month (or that you are no longer disabled) and will suspend your benefit. You will be required to refund any improper benefits received while employed and the NEBF is authorized to deduct any amount owed from your future pension benefits. If you are receiving a normal or early retirement pension benefit when you return to work, the amount of the deduction may be up to 100% of all monthly benefits due you for the first three months and 25% of all monthly benefits thereafter. The deduction may also continue against your spouse's benefit after your death. You may rebut any presumption made by the NEBF by supplying acceptable information concerning your work status and you can appeal any suspension under the claims and appeals procedures found in the Summary Plan Description.

Applicable Department of Labor Regulations may be found in Section 2530.203-3, Title 29 of the Code of Federal Regulations. The NEBF's rules may be found in Section 15 of the *Plan of Benefits for the NEBF*.

PLEASE RETAIN THIS PAGE FOR YOUR RECORDS

National Electrical Benefit Fund

Participant Pension Benefit Application

To avoid delays in the process and receipt of your benefit, please follow these instructions carefully and completely.

1. Print all information requested.
2. Read and respond to each page carefully.
3. Remember to attach supporting documentation.
4. Remember to **sign and date** this application.
5. Submit original application. Faxes and Xerox copies will not be accepted.

Once your completed application and the required documents are received, the Fund will send you a letter acknowledging receipt of the application. If you do not receive a letter within 30 days, you should contact the Fund's office.

If your claim is denied, a written notice of the reason for denial of benefits will be sent to you.

PLEASE MAIL COMPLETED APPLICATION WITH ATTACHMENTS TO:

National Electrical Benefit Fund
Suite 500
2400 Research Blvd
Rockville, MD 20850-3266

If you have any questions about the National Electrical Benefit Fund or this application, you may call the Fund's office at 301-556-4300 or visit our website at www.nebf.com.

Proof of Age

To be eligible for a pension, you are required to submit proof of age. Submitting one clear photocopy from the Primary Proof list (below on the left) satisfies the proof of age requirement. However, if you cannot submit one primary document, submitting two clear photocopies from the Secondary Proof list (below on the right) may satisfy the proof of age requirement.

Note: If your name on your pension application differs from your name on your proof of age, you must also submit documentation substantiating your name change (marriage certificate, etc.).

Note: If you are presently married, you are required to submit proof of marriage and your spouse is required to submit the proof of age.

Note: If there is a difference between the last name on your spouse's birth certificate and your marriage certificate, you must also submit proof of your spouse's name change (previous marriage certificate, divorce decree, etc.).

Primary Proof – One Required
1. Birth Certificate
2. Baptismal Certificate
3. Registration of Birth
4. Naturalization Papers
5. Immigration Papers
6. Passport
7. Hospital Birth Record

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Secondary Proof – Two Required
1. A signed statement by the physician or midwife in attendance at birth. This statement must be notarized.
2. U.S. Census Record. Forms are available through the Post Office.
3. School record certified by the custodian of such records.
4. Military discharge papers.
5. Vaccination record certified by the custodian of such records.
6. The signed application for a life insurance policy and attached insurance policy bearing the age or date of birth of applicant.
7. Marriage records showing the date of birth or age. Application for marriage license, marriage certificate, or church record certified by the custodian of such records.
8. Child's birth certificate showing your age at the time of their birth.

Note: If any of these documents are in a foreign language, a certified English translation is required.

Note: If original documents are submitted, a copy will be made by the Fund office and the original documents will be returned by U.S. mail to the applicant's current mailing address on file.

NEBF Participant Pension Benefit Application

1 Participant

What type of pension are you applying for? Normal Early Disability

When is your planned retirement date from the electrical industry or onset date of disability? / /
Month Day Year

Have you been approved for a Social Security Disability Benefit? Yes No Pending

Date of Social Security Disability Award: / /
Month Day Year

Briefly describe your disability and include supporting documentation.

Participant's Social Security Number
 - -

Date of Birth
 / /
Month Day Year

Gender
 Male Female

Single Married Divorced Widowed

Mr. Mrs. Ms. Miss

First Name

Middle Name

Last Name

Mailing Address Line 1

Mailing Address Line 2

City State

Zip Code\Postal Code - Telephone Number - -

Country of Citizenship US Citizen Yes No
 US Resident Yes No



NEBF Participant Pension Benefit Application

4 Joint and Survivor Benefit

Section 16 of the Plan of Benefits for the NEBF provides that a married participant shall receive, instead of the monthly benefit to which he/she is entitled, a reduced monthly benefit for as long as he/she lives, with the provision that after his/her death, one-half (1/2) of such reduced monthly benefit shall continue to be paid to his/her eligible spouse so long as such spouse survives him/her, unless the participant elects, in writing, with the written consent of his/her spouse, not to receive such a "joint and survivor benefit". If the participant and his/her spouse elect not to receive the "joint and survivor benefit", then the participant will receive a "single life benefit", which will provide for a larger monthly pension payment for the participant's life, but upon his/her death, payments would cease and there would be no payments to the participant's surviving spouse. If the participant desires that the benefit be paid as a "joint and survivor benefit", please check the box below and sign to the right. If the participant and his/her spouse are interested in the "single life benefit", or if they are not sure which benefit they want at this time, check the second box and sign to the right. The NEBF will then send information to both parties regarding the financial effect of declining the "joint and survivor benefit" and an application form to elect or waive the "joint and survivor benefit".

- I desire that my benefit be paid in the form of a "joint and survivor benefit".
- I do not wish to make an election at this time.

Participant Signature

5 Military Service

If you have ever served in the Armed Forces, you may be entitled to certain service credit(s) for that time. Submit clear copies of military papers.

Date of Entry

□	□	/	□	□	/	□	□	□	□
Month			Day			Year			

Date of Discharge

□	□	/	□	□	/	□	□	□	□
Month			Day			Year			

6 Work History

Please provide information regarding your present or most recent NEBF employer, last local, and last day worked in the electrical industry.

Last Local Union No#

□	□	□	□
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Initiation Date

□	□	/	□	□	/	□	□	□	□
Month			Day			Year			

Last Day Worked

□	□	/	□	□	/	□	□	□	□
Month			Day			Year			

IBEW Member

- Yes No

Employer Name _____

Mailing Address Line 1

□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
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Mailing Address Line 2

□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

City

□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
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State

□	□
---	---

Zip Code

□	□	□	□	□	□
---	---	---	---	---	---

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□	□	□	□	□	□
---	---	---	---	---	---

Telephone Number

□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
□	□	□	□	□	□												
□	□	□	□	□	□												



Authorization to Obtain Earnings Data from the Social Security Administration

Mail completed form to:	Social Security Administration Wilkes Barre Data Operations Center PO Box 1040 Wilkes Barre, PA 18767-1040	Requesting organization:	RA PENF 09 8330 NATIONAL ELECTRICAL BENEFIT FUND 2400 RESEARCH BLVD STE 500 ROCKVILLE MD 20850
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Number Holder's Information

First Name:	<input type="text"/>										Middle Initial:	<input type="text"/>									
Last Name:	<input type="text"/>																				
SSN:	<input type="text"/>			--	<input type="text"/>		--	<input type="text"/>													
Date of Birth:	<input type="text"/>		--	<input type="text"/>		--	<input type="text"/>				Date of Death:	<input type="text"/>		--	<input type="text"/>		--	<input type="text"/>			
	Month			Day			Year					Month			Day			Year			
Other First, Middle Initial, and Last Name Used to Report Earnings:	<input type="text"/>										<input type="text"/>										
	<input type="text"/>																				
Periods Requested:	<input type="text"/>		--	<input type="text"/>				through	<input type="text"/>		--	<input type="text"/>									
	Month			Year					Month			Year									
	<input type="text"/>		--	<input type="text"/>				through	<input type="text"/>		--	<input type="text"/>									
	Month			Year					Month			Year									



I am the individual to whom the record/information applies or that person's parent (if a minor) or legal guardian, or a person who is authorized to sign on behalf of the individual to whom the record/information applies. Please furnish the requesting organization, or its designees, an itemized statement of all amounts of earnings reported to my record, or to the record identified above, for the periods specified on this form. Please include the identification numbers, names, and addresses of the reporting employers. **I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.**

Signature of Number Holder (or authorized representative)		Date <input type="text"/>	
Printed Name (if other than number holder)		Relationship (if other than number holder)	
Address		State	
City		ZIP Code	
		Phone Number	
		<input type="checkbox"/> Natural or adoptive parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (specify) _____	

Requesting Organization's Information

Signature of Organization Official	Date
Phone Number 301-556-4300	Fax Number 301-556-0100

FOR SSA USE ONLY

1 2 3 4



IMPORTANT INFORMATION

Privacy Act Notice

Section 205 (c) (2) (A) of the Social Security Act allows us to ask for the information you give us on this form. The information is needed so that the Social Security Administration can quickly identify your record or the record of the deceased individual who is the subject of a request you are making and prepare the earnings statement you want. You do not have to give us this information. However, without the information we may not be able to process your request. The information you provide will be used primarily for issuing the earnings statement you request. The information you provide may be given out if a Federal law requires that we give out the information; if a Congressman or the President's office needs this information to answer questions you ask them; or the Department of Justice needs the information for investigating or prosecuting violations of the Social Security Act.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about the reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

Paperwork Reduction Act Statement

This information collection meets the 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 2 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to SSA, 6401 Security Boulevard, Baltimore, MD, 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**

NEBF Participant Pension Benefit Application

8 Work History Inquiry

Please provide a complete listing of your work history in the electrical industry.

If you were a sole proprietor, partner or corporate officer provide the name and address of your firm.

Year	Employer Name	IBEW Local Union#	Job Classification (Journeyman, Superintendent, Estimator, Sole proprietor, Partner, Corporate Officer, etc.)
1942			
1943			
1944			
1945			
1946			
1947			
1948			
1949			
1950			
1951			
1952			
1953			
1954			
1955			
1956			
1957			
1958			
1959			
1960			
1961			
1962			
1963			
1964			



NEBF Participant Pension Benefit Application

1**

8 Work History Inquiry (cont'd)

Year	Employer Name	IBEW Local Union#	Job Classification (Journeyman, Superintendent, Estimator, Sole proprietor, Partner, Corporate Officer, etc.)	Approximate hours worked
1965				
1966				
1967				
1968				
1969				
1970				
1971				
1972				
1973				
1974				
1975				
1976				
1977				
1978				
1979				
1980				
1981				
1982				
1983				
1984				
1985				
1986				
1987				



NEBF Participant Pension Benefit Application

8 Work History Inquiry (cont'd)

Year	Employer Name	IBEW Local Union#	Job Classification (Journeyman, Superintendent, Estimator, Sole proprietor, Partner, Corporate Officer, etc.)	Approximate hours worked
1988				
1989				
1990				
1991				
1992				
1993				
1994				
1995				
1996				
1997				
1998				
1999				
2000				
2001				
2002				
2003				
2004				
2005				
2006				
2007				
2008				
2009				
2010				



Direct Deposit

What is it?

Direct Deposit is also known as Electronic Funds Transfer (EFT). It is a system in which funds are electronically transferred from one account to another. In this case, your funds -- your monthly NEBF benefit payments -- are electronically transferred from NEBF to your account in your financial institution. Your financial institution can be any bank, savings and loan, credit union, or investment firm which is a member of the National Automated Clearing House Association (NACHA) system. This system is the same one used by over 15 million Social Security recipients to directly deposit their social security benefit payments into their account.

What are the advantages?

It's safe. Because it is an electronic transfer of funds, it eliminates the possibility of mail delays, misdirected mail, or lost or stolen checks.

It's convenient. There is no need to endorse a check. It avoids having to visit the bank to make a deposit, and it eliminates the possibility of holds being placed on checks until they clear.

It's worry-free. It assures that your monthly pension benefit payment will be available to you on the last banking day of each month, rather than the first day of the following month or even later as is often the case with paper checks.

How much does it cost?

It's free! There is no cost to you for this service. In fact, many people who take advantage of Direct Deposit save money or even make money. They save money since there are no transaction fees for direct deposits as there sometimes are for teller based deposits. They sometimes make money since the direct deposit is made earlier and therefore can earn more interest.

How does it work?

Every month your NEBF benefit payment is automatically deposited to your account. NEBF participant service representatives and NEBF computers do the work for you. You can just sit back and enjoy your retirement.

What will NEBF send me?

You will be informed whenever there is a change in the amount of your monthly pension – but you will not receive a monthly payment stub. The deposit will be reflected on the statement you normally receive from your financial institution.

What happens if I change banks?

You simply complete a form giving us the name and routing number of your new financial institution and your new account number. While this information is being verified by your financial institution, you will receive a paper check.

NEBF Participant Pension Benefit Application

10 Signature

Incomplete or inaccurate information may delay the processing of your NEBF Participant Pension Benefit Application.

I hereby apply for a pension from the National Electrical Benefit Fund. All the information provided in this application is true to the best of my knowledge and belief. I understand that if I make a willfully false or fraudulent statement material to this application, or at any time in the application process, or furnish fraudulent information or proof material to this claim, benefits paid solely on account of my false statement will be denied, suspended or discontinued, and that the Trustees shall have the right to recover any payments made to me because of a false statement. Further, I understand that any false or fraudulent statement made during the application process may subject me to sanctions or prosecution under Federal and State law.

Date Signed

Month		Day		Year			

Signature

If you are not able to sign, place an (X) mark on the signature line above in the presence of a disinterested party. The witness must sign below and include his or her Social Security Number.

Signature of Witness _____

Social Security Number of Witness

				-			-				
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11 Required Documents

NEBF has designed a list to help ensure that you have enclosed all necessary documents with your benefit application. **Any missing or incomplete documents may delay the processing of your NEBF Participant Pension Benefit Application.**

Clear copies must be submitted.

Please enclose:

- Copy of your Social Security Card
- Copy of your Birth Certificate/Proof of Age

If you are presently married:

- Copy of Spouse's Social Security Card
- Copy of Spouse's Birth Certificate/Proof of Age
- Copy of Marriage Certificate
- If there is a difference between the last name on your Spouse's Birth Certificate and your Marriage Certificate, please submit proof of any name change.

If you have been previously married:

- Entire copy of all signed divorce decrees, Qualified Domestic Relations Orders (QDROs), separation papers and death certificates

If you are on disability:

- All pages of your signed Social Security Disability Award.

NOTE: If your Social Security Disability Award is more than two years old, you will need to send NEBF proof from the Social Security Administration that (1) lists the date(s) of your entitlement to a Social Security Disability Benefit, and (2) certifies that you are currently receiving a Disability Benefit.

If you or your spouse has ever used a different name:

- If you or your spouse have ever used a different name, please provide supporting documentation (example: adoption papers or court order)

Please review your benefit application to make sure you have filled out all pages completely and accurately.

