

NATIONAL ELECTRICAL BENEFIT FUND

NEBF



PARTICIPANT PENSION BENEFIT APPLICATION

2400 Research Boulevard, Suite 500, Rockville, MD 20850-3266
Telephone (301) 556-4300

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 employment or if you are no longer disabled.
- If you are receiving a disability benefit and you return to any 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 to you until the overpayment is recouped. 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

O
R

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 except for Spanish, a certified English translation **is required**.

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

Male Female

One marital status must be checked:

Single Married Divorced Widowed Mr. Mrs. Ms. Miss

First Name

Middle Name

Last Name

Maiden Name (if applicable)

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

EMAIL ADDRESS: _____

THIS PAGE INTENDED TO BE BLANK

NEBF Participant Pension Benefit Application

The National Electrical Benefit Fund (NEBF) Trustees have adopted a resolution under which all benefit applications received on or after May 1, 2003, will be processed for direct deposit payments exclusively. Therefore, NEBF applicants will be required to receive their monthly benefit payments in the form of direct deposit to a financial institution.

7 Direct Deposit

	() _____ - _____
--	-------------------

NAME [PLEASE PRINT]

PHONE NUMBER

--

SOCIAL SECURITY NUMBER

--

FINANCIAL INSTITUTION NAME [TRUST ACCOUNTS AND PREPAID BANK ACCOUNTS ARE NOT ACCEPTED]

--

MAILING ADDRESS

--	--	--

CITY

STATE

ZIP CODE

--

NAME OF ACCOUNT HOLDER [REQUIRED - PRINTED NAME MUST MATCH NAME ON YOUR SOCIAL SECURITY CARD]

IF YOU ARE AN AUTHORIZED POA, CONSERVATOR OR GUARDIAN - INDICATE BESIDE THE PRINTED NAME

_____	_____
-------	-------

ABA ROUTING NUMBER (MUST BE 9 DIGITS)

ACCOUNT NUMBER (DO NOT INCLUDE THE CHECK NUMBER)

SELECT TYPE OF ACCOUNT:	CHECKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>
-------------------------	-----------------------------------	----------------------------------

I hereby authorize the National Electrical Benefit Fund (NEBF) to initiate credit entries to my account listed above, in the financial institution shown. In the event a credit is made to my account in error, I authorize NEBF to make a correcting entry, provided I am notified of the adjustment. This authorization is to remain in effect until NEBF has received written notification from me terminating it.

SIGNATURE (REQUIRED): _____ DATE: ____/____/____

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. 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. Prepaid bank accounts are not accepted.

Is Direct Deposit mandatory?

Yes. The NEBF Trustees have adopted a resolution under which all benefit applications received on or after May 1, 2003 will be processed for direct deposit payments exclusively. Therefore, NEBF recipients will be required to receive their monthly benefit payments in the form of direct deposit to a financial institution.

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 business day of each month.

How much does it cost?

It's free! There is no cost to you for this service.

How does it work?

Every month your NEBF benefit payment is automatically deposited to your account on the last business day of each month. The deposit will be reflected on the statement that you receive from your financial institution. You can just sit back and enjoy your retirement.

What happens if I change banks or my account is compromised?

Contact our office immediately for a new direct deposit form or you can print a form from the website at www.nebf.com under Plan Documents and Forms. You can mail or fax the new form to our office. For security reasons, financial information cannot be taken by phone.

Can I deposit my monthly benefit into a Trust Account?

No. The NEBF's general practice and interpretation of the law provide that a participant's payments should only be made to the participant. In particular, Section 206(d)(1) of the Employee Retirement Security Act and Section 401(a)(13)(A) of the Internal Revenue Code prohibit the alienation or assignment of a pension benefit except in rare circumstances which do not appear to be applicable in this situation. As such, the NEBF may not direct payment of your benefit to a trust fund account.

NEBF Participant Pension Benefit Application

8 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.

Signature

Date Signed

		/			/				
Month			Day			Year			

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

			-			-				
--	--	--	---	--	--	---	--	--	--	--

NEBF Participant Pension Benefit Application

9 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.