

IBEW Local 236 Annuity Fund

DISABILITY ANNUITY BENEFIT

Date Received: _____

Name of Participant: _____ SS#: _____

Date of Birth: _____ Telephone #: _____

Address: _____

How do you prefer to receive your check? Pick Up Mail

If you choose to pick up your check, and have not done so by 4:30pm, the check will be mailed

Eligibility (from the Summary Plan Description (SPD))

In the event a participant becomes disabled and is awarded a periodic disability benefit under Workers' Compensation, New York State Disability, or Social Security Disability, they may apply for, and be entitled to a weekly Disability Annuity Benefit.

Benefit Option: The weekly Disability Annuity Benefit payment will be a level weekly payment of \$50, \$75, \$100, \$200, or \$400 (at the Participant's discretion) for each week the participant is disabled.

Acceptable Proof of Eligibility is any of the following:

- 1.) Supporting documentation of an approved Disability claim.
- 2.) Supporting documentation of an approved Workers' Compensation claim
- 3.) Supporting documentation of Social Security Disability

Available weekly benefit (choose one): \$50 - \$75 - \$100 - \$200 - \$300 - \$400

Enter Here: _____

Total number of weeks applied for: _____

Multiply weekly amount by total # of weeks to = Total amount applied for

TOTAL: _____

Application must be completed in full, dated and signed.

- If applicable, spousal consent must be dated, signed and photo ID be on file.
- This is an eligible rollover distribution and/or a potential taxable benefit.
- An acceptance letter is needed from the Qualified investment plan for a Rollover Distribution
- The Fund Office prints checks every other week

Choose payment method(s):

_____ I wish to have this paid directly to me. I realize that 20% will be withheld and remitted for federal withholding taxes per IRS Publication 15A. Generally, this disbursement may also be subject to an additional 10% tax at year end if the participant has not yet reached 59.5 years old or does not meet any other criteria for exemption. Please consult with your tax advisor.

_____ I wish to have this paid as an *eligible rollover distribution*. To have a check made payable to a qualified IRA or other qualified investment plan. **Qualification letter is attached.**

PLEASE ANSWER

Are you married as of the date of this application? _____

Were you previously married and are now either separated or divorced? _____ Date of Divorce: _____

If divorced: Has your Divorce Decree and Separation Agreement been approved by the Fund Attorney? _____

If you answered NO to the above question, then no further processing of your application will occur until an approval has been granted.

This distribution constitutes a direct reduction against your balance and this amount will not be eligible for any allocations at the next Valuation Date. If you were to leave this amount in the Fund, it would be eligible for an allocation, which could be either positive or negative, based upon the results of operations through the end of the period.

Participant's Signature: _____ Date: _____

Spouse's Consent (if applicable): _____ Date: _____

Return completed form to: IBEW Local No. 236 Annuity Fund – 3000 Troy Schenectady Road – Schenectady, NY 12309

If you file a false application for benefits, you may forfeit your coverage under the plan

FOR OFFICE USE ONLY

W9? _____

Processed by: _____ Amount Paid _____ Date: _____ Reviewed by: _____

Address: 3000 Troy-Schenectady Rd. Schenectady, NY 12309

Telephone: (518) 782-5499

Fax Information: Health (518) 783-5331; Annuity & Pension (518) 783-4990

Rev 6/19/19