IBEW

INTERNATIONAL BROTHERHOOD
OF ELECTRICAL WORKERS
LOCAL UNION 150 * BENEFIT FUNDS

IBEW Local No. 150 Welfare Fund
IBEW Local No. 150 Pension Fund
IBEW Local No. 150 Supplemental Pension
IBEW Local No. 150 Vacation Fund

Managed for the Trustees by:
UMR Trust Fund Administration

TO: **Board of Trustees**
IBEW Local No. 150 Pension Fund
230 Lexington Green Circle, Ste. 400
Lexington, KY 40405

I hereby request that Application form so that I may apply for:

- ☐ Normal Retirement Benefits
- ☐ Early Retirement Benefits
- ☐ Late Retirement Benefits
- ☐ Early Term Vested Retirement Benefits
- ☐ Disability Benefits
  Date you became permanently disabled _____

To be effective _____ 1, _____
(Month) (Year)

I hereby submit the following personal information (Please type or print)

Name - First Middle Last

Social Security Number

Address

City State Zip Code

Date of Birth

Phone Number Email Address

Customer Service Office:
IBEW Local Union No. 150 Fringe Benefits Funds
31290 US Hwy 45 Unit B
Libertyville, IL 60048
(847) 680-0032
Fax (847) 680-0219

Administrative Office:
UMR Trust Fund Administration
230 Lexington Green Circle, Suite 400
Lexington, KY 40503
(888) 999-7741
Ibew150fundadministrator@umr.com

_____ _____

Current Local Union No. (if any) Initiation Date into that Local

The last date worked or expected to work before retirement _____

If a date is not provided, we will assume that you will continue to work through the end of the month immediately preceding the effective date you indicated above.

Name of last Contributing Employer

Phone number of Employer

Please indicate your marital status, where applicable:

- ☐ Single
- ☐ Married, number of times _____
- ☐ Divorced, number of times _____ or widowed _____

If you are currently married, please indicate the following:

Spouse's Name - First Middle Last

Spouse's Social Security Number Spouses Date of Birth

Date of Marriage

CERTIFICATION

I hereby certify that all the information furnished by me on this Request for Application Form is, to the best of my belief and knowledge, true and complete. I understand that this completed Request for Application will be attached to and become part of my Application for Benefits Form and that when I do submit such Application, **I must also submit acceptable proof of my age and if I am then married, proof of my spouse's age, as well as a photocopy of my Marriage License or Certificate. I also understand that if I am divorced, I must submit a copy of my Judgement(s) of Divorce or Divorce Decree(s) with all attachments, and if I am widowed, I must submit a copy of my deceased spouse's Death Certificate.**

Signature of Participant Date