

10. After March 31, 1968, did you have any employment with a contributing employer in any capacity other than as a Carpenter? Yes No

If so, please answer the following questions:

a. Name of Employer _____ Date of Employment _____
Employer's Address _____
Type of Employment _____

11. Have you ever served in the Armed Forces of the United States?

Yes No If yes, please submit a copy of your discharge papers

12. Have you ever been unable to work because of total disability? Yes No

If yes, fill in the information below:

Cause of Disability	From	To
_____	_____	_____
_____	_____	_____

13. Have you ever collected Worker's Compensation Benefits during a period of total disability?

Yes No If yes, fill in the information below:

Name of Employer at Time of Injury	Date of Workers' Compensation Benefits	
	From	To
_____	_____	_____
_____	_____	_____

14. If you are applying for a Disability Pension, complete the following:

a. Have you applied for Social Security Disability Benefits? Yes No
If you were granted Social Security benefits, attach a copy of the Social Security Award.

b. Nature of your disability: _____

c. When did you become disabled: _____

d. Name and address of your doctor: _____

e. Date of your most recent examination: _____
Attach a copy of the medical examination report.

f. Have you worked at all, at any occupation, since you became disabled? Yes No
If yes, describe your work and periods of employment.

From	To	Employer	Earnings	Kind of Work
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FOR ALL APPLICANTS

I hereby apply for a pension from the Carpenters' District Council of Kansas City Pension Fund and certify all statements in this application are true to the best of my knowledge and belief. If a pension is granted to me, I agree to be bound by all the Rules and Regulations of the Pension Plan and will personally endorse all pension checks received by me.

Signature

Date