

**CARPENTERS DISTRICT COUNCIL OF  
KANSAS CITY PENSION FUND**

3100 Broadway – Suite 805  
Kansas City, Missouri 64111  
Telephone 816-756-3313

**Application for Retirement Benefits**

1. I hereby apply for the following Pension

- Regular Pension                       Service Pension                       Reciprocal Pension  
 Early Retirement Pension                       Disability Pension

Proposed Date of Retirement Requested: \_\_\_\_\_

2. Name \_\_\_\_\_

Last    First    Middle

3. Address \_\_\_\_\_

Number & Street    City    State    Zip Code

4. Social Security Number \_\_\_\_\_ 5. Phone Number \_\_\_\_\_

6. Date of Birth \_\_\_\_\_ (Submit Copy of Birth Certificate)

7. Date you stopped working or plan to stop working \_\_\_\_\_

8. Are you     Married     Single     Divorced     Widowed

If married, please answer the following questions.

a. Spouse's Date of Birth \_\_\_\_\_ b. Spouse's Social Security No. \_\_\_\_\_

c. Date of Marriage \_\_\_\_\_ d. Spouse's Name \_\_\_\_\_

9. Have you been divorced? \_\_\_\_\_  Yes  No

a. Date of Divorce \_\_\_\_\_ b. X-spouse's Name \_\_\_\_\_

10. To which Local do you now belong? \_\_\_\_\_

a. When did you first join Local? \_\_\_\_\_

b. Have you ever been a member of any other Local Union that is affiliated with the Carpenters' District Council of Kansas City Pension Fund?  Yes  No

If yes, what Local were they and for how long did you belong?

Local Union No.	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

c. If you do not belong to a Local now, to which Local did you belong? \_\_\_\_\_ year \_\_\_\_\_

11. 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 \_\_\_\_\_

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

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

13. 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
_____	_____	_____
_____	_____	_____

14. 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
_____	_____	_____

15. 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