

**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