

NATIONAL ELECTRICAL BENEFIT FUND

NEBF



PARTICIPANT PENSION BENEFIT APPLICATION

2400 Research Boulevard, Suite 500, Rockville, MD 20850-3266
Telephone (301) 556-4300

RETURN TO WORK POLICY

If you are receiving an early or normal retirement benefit:

- You must immediately notify the NEBF if you return to work in the electrical industry for forty (40) or more hours per month.
- If you are receiving an early or normal retirement benefit and you return to work in the electrical industry for forty (40) or more hours per month, your benefit will be suspended until such time that you actually retire. Any hours worked in covered employment after you return to work will be included in the calculation for your eventual pension benefit. No deduction will be made in your benefit on account of your return to work.

If you are receiving a disability benefit:

- You must immediately notify the NEBF if you return to any substantial gainful employment or if you are no longer disabled.
- If you are receiving a disability benefit and you return to any substantial gainful employment, your disability benefit will cease and you will no longer be considered disabled for NEBF purposes.

Failure to notify the NEBF of subsequent employment:

- If you return to work in the electrical industry (or return to any work if you are receiving a disability benefit) and do not inform the NEBF, when the NEBF becomes aware of such employment, the NEBF will presume that you are working for forty (40) or more hours per month (or that you are no longer disabled) and will suspend your benefit. You will be required to refund any improper benefits received while employed and the NEBF is authorized to deduct any amount owed from your future pension benefits. If you are receiving a normal or early retirement pension benefit when you return to work, the amount of the deduction may be up to 100% of all monthly benefits due you for the first three months and 25% of all monthly benefits thereafter. The deduction may also continue against your spouse's benefit after your death. You may rebut any presumption made by the NEBF by supplying acceptable information concerning your work status and you can appeal any suspension under the claims and appeals procedures found in the Summary Plan Description.

Applicable Department of Labor Regulations may be found in Section 2530.203-3, Title 29 of the Code of Federal Regulations. The NEBF's rules may be found in Section 15 of the *Plan of Benefits for the NEBF*.

PLEASE RETAIN THIS PAGE FOR YOUR RECORDS

National Electrical Benefit Fund

Participant Pension Benefit Application

To avoid delays in the process and receipt of your benefit, please follow these instructions carefully and completely.

1. Print all information requested.
2. Read and respond to each page carefully.
3. Remember to attach supporting documentation.
4. Remember to **sign and date** this application.
5. Submit original application. Faxes and Xerox copies will not be accepted.

Once your completed application and the required documents are received, the Fund will send you a letter acknowledging receipt of the application. If you do not receive a letter within 30 days, you should contact the Fund's office.

If your claim is denied, a written notice of the reason for denial of benefits will be sent to you.

PLEASE MAIL COMPLETED APPLICATION WITH ATTACHMENTS TO:

National Electrical Benefit Fund
Suite 500
2400 Research Blvd
Rockville, MD 20850-3266

If you have any questions about the National Electrical Benefit Fund or this application, you may call the Fund's office at 301-556-4300 or visit our website at www.nebf.com.

Proof of Age

To be eligible for a pension, you are required to submit proof of age. Submitting one clear photocopy from the Primary Proof list (below on the left) satisfies the proof of age requirement. However, if you cannot submit one primary document, submitting two clear photocopies from the Secondary Proof list (below on the right) may satisfy the proof of age requirement.

Note: If your name on your pension application differs from your name on your proof of age, you must also submit documentation substantiating your name change (marriage certificate, etc.).

Note: If you are presently married, you are required to submit proof of marriage and your spouse is required to submit the proof of age.

Note: If there is a difference between the last name on your spouse's birth certificate and your marriage certificate, you must also submit proof of your spouse's name change (previous marriage certificate, divorce decree, etc).

Primary Proof – One Required
1. Birth Certificate
2. Baptismal Certificate
3. Registration of Birth
4. Naturalization Papers
5. Immigration Papers
6. Passport
7. Hospital Birth Record

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Secondary Proof – Two Required
1. A signed statement by the physician or midwife in attendance at birth. This statement must be notarized.
2. U.S. Census Record. Forms are available through the Post Office.
3. School record certified by the custodian of such records.
4. Military discharge papers.
5. Vaccination record certified by the custodian of such records.
6. The signed application for a life insurance policy and attached insurance policy bearing the age or date of birth of applicant.
7. Marriage records showing the date of birth or age. Application for marriage license, marriage certificate, or church record certified by the custodian of such records.
8. Child's birth certificate showing your age at the time of their birth.

Note: If any of these documents are in a foreign language, a certified English translation is required.

NEBF Participant Pension Benefit Application

1 Participant

What type of pension are you applying for? Normal Early Disability

When is your planned retirement date from the electrical industry or onset date of disability? / /
Month Day Year

Have you been approved for a Social Security Disability Benefit? Yes No Pending

Date of Social Security Disability Award: / /
Month Day Year

Briefly describe your disability and include supporting documentation.

Participant's Social Security Number
 - -

Date of Birth
 / /
Month Day Year

One marital status must be checked:

Single Married Divorced Widowed

Mr. Mrs. Ms. Miss

Male Female

First Name

Middle Name

Last Name

Mailing Address Line 1

Mailing Address Line 2

City

State

Zip Code/Postal Code

 -

Telephone Number

 - -

Country of Citizenship

US Citizen Yes No

US Resident Yes No

EMAIL ADDRESS: _____



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Direct Deposit

What is it?

Direct Deposit is also known as Electronic Funds Transfer (EFT). It is a system in which funds are electronically transferred from one account to another. In this case, your funds -- your monthly NEBF benefit payments -- are electronically transferred from NEBF to your account in your financial institution. Your financial institution can be any bank, savings and loan, credit union, or investment firm which is a member of the National Automated Clearing House Association (NACHA) system. This system is the same one used by over 15 million Social Security recipients to directly deposit their social security benefit payments into their account.

What are the advantages?

It's safe. Because it is an electronic transfer of funds, it eliminates the possibility of mail delays, misdirected mail, or lost or stolen checks.

It's convenient. There is no need to endorse a check. It avoids having to visit the bank to make a deposit, and it eliminates the possibility of holds being placed on checks until they clear.

It's worry-free. It assures that your monthly pension benefit payment will be available to you on the last banking day of each month, rather than the first day of the following month or even later as is often the case with paper checks.

How much does it cost?

It's free! There is no cost to you for this service. In fact, many people who take advantage of Direct Deposit save money or even make money. They save money since there are no transaction fees for direct deposits as there sometimes are for teller based deposits. They sometimes make money since the direct deposit is made earlier and therefore can earn more interest.

How does it work?

Every month your NEBF benefit payment is automatically deposited to your account. NEBF participant service representatives and NEBF computers do the work for you. You can just sit back and enjoy your retirement.

What will NEBF send me?

You will be informed whenever there is a change in the amount of your monthly pension – but you will not receive a monthly payment stub. The deposit will be reflected on the statement you normally receive from your financial institution.

What happens if I change banks?

You simply complete a form giving us the name and routing number of your new financial institution and your new account number. While this information is being verified by your financial institution, you will receive a paper check.

NEBF Participant Pension Benefit Application

8 Signature

Incomplete or inaccurate information may delay the processing of your NEBF Participant Pension Benefit Application.

I hereby apply for a pension from the National Electrical Benefit Fund. All the information provided in this application is true to the best of my knowledge and belief. I understand that if I make a willfully false or fraudulent statement material to this application, or at any time in the application process, or furnish fraudulent information or proof material to this claim, benefits paid solely on account of my false statement will be denied, suspended or discontinued, and that the Trustees shall have the right to recover any payments made to me because of a false statement. Further, I understand that any false or fraudulent statement made during the application process may subject me to sanctions or prosecution under Federal and State law.

Date Signed

		/			/				
Month			Day			Year			

Signature

If you are not able to sign, place an (X) mark on the signature line above in the presence of a disinterested party. The witness must sign below and include his or her Social Security Number.

Signature of Witness _____

Social Security Number of Witness

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9 Required Documents

NEBF has designed a list to help ensure that you have enclosed all necessary documents with your benefit application. **Any missing or incomplete documents may delay the processing of your NEBF Participant Pension Benefit Application.**

Clear copies must be submitted.

Please enclose:

- Copy of your Social Security Card
- Copy of your Birth Certificate/Proof of Age

If you are presently married:

- Copy of Spouse's Social Security Card
- Copy of Spouse's Birth Certificate/Proof of Age
- Copy of Marriage Certificate
- If there is a difference between the last name on your Spouse's Birth Certificate and your Marriage Certificate, please submit proof of any name change.

If you have been previously married:

- Entire copy of all signed divorce decrees, Qualified Domestic Relations Orders (QDROs), separation papers and death certificates

If you are on disability:

- All pages of your signed Social Security Disability Award.

NOTE: If your Social Security Disability Award is more than two years old, you will need to send NEBF proof from the Social Security Administration that (1) lists the date(s) of your entitlement to a Social Security Disability Benefit, and (2) certifies that you are currently receiving a Disability Benefit.

If you or your spouse has ever used a different name:

- If you or your spouse have ever used a different name, please provide supporting documentation (example: adoption papers or court order)

Please review your benefit application to make sure you have filled out all pages completely and accurately.



IMPORTANT INFORMATION

Privacy Act Statement

SSA 581 (Authorization to Obtain Earnings Data from the Social Security Administration)

Sections 205(a), 205(c)(2), and 223 of the Social Security Act, as amended, authorize us to collect the information requested on this form. We will use the information you provide to obtain your earnings data or the earnings data of a deceased individual. Your responses are voluntary. However, failure to provide us with the requested information could prevent us from processing your request.

We rarely use the information you give us for any purpose other than providing the earnings information you request. However, we may use the information for the efficient administration of our programs. We may also disclose information to another person or agency in accordance with approved routine uses, including but not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office, General Services Administration, the Department of Justice, and the Department of Treasury);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you give us in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. We use the information from these programs to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

A complete list of routine uses of the information you gave to us is available in our Privacy Act System of Records Notice entitled, Earnings Recording and Self-Employment Income System, 60-0059. Additional information about this and other systems of records notices and our programs are available from our Internet website at www.socialsecurity.gov or at your local Social Security Office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 2 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***

Participant's Social Security Number

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Mail to: National Electrical Benefit Fund
2400 Research Blvd Suite 500
Rockville MD 20850-3266

or Fax to: (301)869-4322

Participant's Name: _____

The NEBF started in 1946. Since 19____, my employers listed below, contributed 1% - 3% to the Fund.

If you were a sole proprietor, partner or corporate officer provide the name and address of your firm.

Work History Inquiry			
Year	Employer Name	Local Union#	Job Classification (Journeyman, Superintendent, Estimator, Sole proprietor, Partner, Corporate Officer etc.)
1947			
1948			
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Work History Inquiry cont'd

Year	Employer Name	Local Union#	Job Classification (Journeyman, Superintendent, Estimator, Sole proprietor, Partner, Corporate Officer etc.)	Approximate hours worked
1979				
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1982				
1983				
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