

JOINT BOARD OF TRUSTEES
Plumbers' and Steamfitters' Local 60 Benefit Funds
Health & Welfare Plan - Pension Plan - Vacation Plan - D.C. / 401(k) Plan

MANAGEMENT TRUSTEES
CHESTER A. CABIRAC
PATRICK L. GOOTEE
HENRY G. HEIER

3515 I-10 SERVICE ROAD
METAIRIE, LA 70002
TELEPHONE 504-885-3062

UNION TRUSTEES
CURTIS L. MEZZIC
RONALD R. ROSSER
MICHAEL A. EILERS

APPLICATION FOR PENSION BENEFIT

Date: _____

I, _____ hereby make application for the Pension Benefit due to me under the Plumbers and Steamfitters Local Union No. 60 Pension Plan.

Date of Birth: _____ Place of Birth: _____

- EVIDENCE OF DATE OF BIRTH MUST BE PROVIDED WITH APPLICATION
- IF MARRIED, SPOUSE'S BIRTH CERTIFICATE AND MARRIAGE LICENSE IS NEEDED

I am applying for the following type of Pension Benefit: (CHECK ONE)

- () 35 AND OUT for persons who retire at any age, if they have at least 35 or more years of pension credits.
- () NORMAL PENSION BENEFIT for persons who retire at age 62 or over, if they have at least 10 years of Vesting Service with no Permanent Break in Service and at least one Future Service Pension Credit after May 1, 1959.
- () EARLY RETIREMENT PENSION BENEFIT for persons with at least 15 years (but less than 35 years) of Pension Credits who may desire to retire after age 55 but before age 62.
- () DISABILITY PENSION BENEFIT for persons who retire from active employment as a result of total and permanent disability, with at least 10 years of Vesting Service.

APPLICABLE ONLY TO TOTAL AND PERMANENT DISABILITY PENSION BENEFIT APPLICATION

This application must be accompanied by a statement from a licensed physician setting forth that the disability is permanent in nature, a diagnosis, and a date of inception.

Witness

Signature

Should you have any questions regarding this application, or need any assistance completing it, please contact the Pension Fund Office.

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RETIREMENT DECLARATION

Name (Please Print)

Social Security Number

In retiring on a pension from the Plumbers and Steamfitters Local Union No. 60 Pension Plan, I declare that I will be bound by all of the Rules and Regulations of the Pension Plan, that I will personally endorse each pension check and shall cease being employed or engaging in work prohibited by the Plan Rules and Regulations.

Furthermore, I acknowledge that I have read and understand the Suspension of Benefits Rules provided with this application for pension under the Plumbers and Steamfitters Local Union No. 60 Pension Plan.

I understand that if I perform work in violation of the Rules and Regulations of the Pension Plan and this Retirement Declaration:

1. My pension payments will stop for the months in which I work.
2. My pension payments may be stopped for the months in which I work and for an additional period of 6 months.
3. I must notify the Trustees of such work within 30 days or my pension payments will be stopped for the months in which I work and for an additional period of not less than six months and not more than twelve months as determined by the Board of Trustees.
4. I will immediately return any pension amounts that I have received to which I am not entitled. If I fail to do so, I will not be entitled to any further benefits.

I declare that the signature appearing below will be used as my endorsement on all Pension Plan checks.

Date

Signature

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JOINT AND SURVIVOR PENSION

Please check the appropriate box. If you are married you must check either A, B, or C. If you are not married this form of payment is not available and you must check A.

- () A. I **DO NOT** wish to receive my pension benefits in the form of a Joint and Survivor Pension.
- () B. I **DO** wish to receive my pension benefits in the form of a Joint and Survivor Pension.
- () C. I may wish to receive my pension benefits in the form of a Joint and Survivor Pension and wish to be informed of the exact amount of the pension benefits payable to myself and my spouse under the Joint and Survivor Pension.

IT IS VERY IMPORTANT THAT YOU COMPLETE, SIGN AND RETURN THIS FORM. OPTION B, ABOVE, IS AUTOMATIC UNLESS REJECTED.

Retiree's Name (Please Print)	Retiree's Date of Birth
Retiree's Signature	Retiree's Social Security Number
Address	Phone Number
Spouse's Name (Please Print)	Spouse's Date of Birth
Spouse's Signature	Spouse's Social Security Number

If Joint and Survivor Pension is rejected this form must be notarized.
A copy of birth certificate for both husband and wife must be attached along with a copy of marriage license.

Sworn to and subscribed before me this _____ day of _____ 20 _____.

Notary Public

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JOINT AND SURVIVOR PENSION

Husband and Wife Pension (Please check the appropriate box)

- () The **50% Husband and Wife Pension** provides a monthly benefit payable to you during your lifetime and if you die during retirement, the Plan continues to pay a monthly benefit to your spouse of 50% of the monthly benefit you had received before your death.
- () The **75% Husband and Wife Pension** provides a monthly benefit payable to you during your lifetime and if you die during retirement, the Plan continues to pay a monthly benefit to your spouse of 75% of the monthly benefit you had received before your death.

Retiree's Name (Please Print)

Retiree's Signature

Date

Spouse's Name (Please Print)

Spouse's Signature

Date

Witness

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AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
(ACH CREDITS)

Any pensioner who is interested in having his/her checks electronically deposited into his/her bank account must provide additional account information. Below is a form that must be completed and signed if you wish to take advantage of the electronic transfer of funds from Plumbers and Steamfitters Local Union No. 60 Pension Plan to your specified account. If you have any problems completing this form, your banking institution will be able to help you.

Please complete the form below and attach a check from the account that you wish to deposit the pension payment into with "VOID" written across the front. Please note: We CANNOT accept deposit slips.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

Company Name: Plumbers and Steamfitters Local Union No. 60 Pension Plan
Company ID Number: 72-6025640

I (we) hereby authorize Plumbers and Steamfitters Local Union No. 60 Pension Plan, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) _____ Checking _____ Savings account (select one) indicated below, hereinafter called DEPOSITORY, to credit and/or debit the same in such account.

Depository Name _____ Branch _____

City _____ State _____ Zip Code _____

Transit/ABA No. _____ Account No. _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such a manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ SSN _____

Date _____

Signature(s) _____

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AUTHORIZATION AND ASSIGNMENT FOR PAYMENT OF UNION DUES

For valuable consideration, I hereby voluntarily assign and set-over to Plumbers and Steamfitters Local Union No. 60 (AFL-CIO) such amount of my pension payment each month from Plumbers and Steamfitters Local Union No. 60 Pension Plan as is necessary to pay current dues to said Union. This assignment to be effective until the expiration of one (1) year from the date thereof; provided, however, that this assignment shall be automatically renewed for successive periods of one year each, unless written notice to the contrary is delivered by me to said Plumbers and Steamfitters Local Union No. 60 Pension Plan and to said Union not more than twenty (20) days and not less than ten (10) days prior to the expiration of this initial assignment or of any such renewal period.

Date

Name (Please Print)

Social Security Number

Address

Phone Number

Witness

Signature

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DIRECTED PAYMENT ARRANGEMENT

As a Qualified Pensioner of the Plumbers and Steamfitters Local Union No. 60 Pension Plan ("Plan"), I hereby authorize the Board of Trustees of the Plumbers and Steamfitters Local Union No. 60 Pension Plan ("Trustees") to pay the Plumbers and Steamfitters Local Union No. 60 Welfare Fund ("Third Party") the portion of my vested pension benefit otherwise payable to me and/or my spouse each month that is equal to the amount of the required monthly self-payment for Retiree medical coverage under the Plumbers and Steamfitters Local Union No. 60 Welfare Plan, currently \$ _____ each month, but subject to change from time to time, to be effective with the first payment period following the filing of this Directed Payment Arrangement with the Third Party. I understand that this directed payment shall continue in effect until I otherwise revoke or change said arrangement in writing and file same with the Trustees. I understand that the Trustees may change this arrangement if it violates the terms of the Plan or the Internal Revenue Code.

I understand that this arrangement of direct payment of the above amount to my vested benefit payable from the Plan to the aforementioned Third Party is revocable by me at any time until payment is actually made to said Third Party. I also understand that any amount that is paid directly to the Third Party, which amount is otherwise due to me from the Plan, shall be subject to federal income taxes under the Internal Revenue Code. I understand that this arrangement shall comply with the requirements of Treasury Regulation 1.401(a)-13(e).

I and my spouse hereby release the Plan, the Trustees and the Third Party and their successors from and against any and all claims we may have or hereafter claim to have against said Plan, Trustees or Third Party with respect to the portion of benefit subject to this Directed Payment Arrangement.

I hereby revoke all prior directed payment arrangements made by me and make this directed payment of my pension benefit in the aforesaid amount under the terms and conditions set forth above

on this _____ day of _____ 20 _____.

Qualified Pensioner Signature

Qualified Spouse Signature

Pensioner Name (Please Print)

Spouse Name (Please Print)

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NOTICE FOR RE-EMPLOYMENT QUALIFICATION (35 AND OUT / EARLY)

Dear Sir and Brother,

As per the Plumbers and Steamfitters Local Union No. 60 Pension Plan, Article 6, Section 6.09 "Exception to Suspension of Benefit Rules" Sub-section (a) **General**, Paragraph (3) "notifies the Fund in writing before he returns to such Covered Employment."

It is your obligation that you must notify the Fund Office in writing before you start work of any type that is or might be "Disqualifying Employment." If you do not give timely notice or willfully misrepresented to the Plan regarding Disqualifying Employment, your monthly benefit may be suspended. Please fill out this form and return it to the Plumbers and Steamfitters Local Union No. 60 Benefits Office as soon as possible if you intend to continue with your employment.

I, _____, as a pensioner of the Plumbers and Steamfitters Local Union No. 60 Pension Plan do hereby give notice to the Plan. I have been employed or have been referred for employment to a contributing employer and have already worked for at least 480 hours of the current year and hereby request that my pension payments be "qualified for re-employment" at this time so that I may continue working as a member of Plumbers and Steamfitters Local Union No. 60. I understand that my pension payments will be reduced to 60%.

Thank you,

Signature

Date

Employer

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Suspension of Benefits Rules (1 of 3)
(Please retain for your records)

If your pension benefit is suspended for a month, it means that you forever lose the right to receive that monthly pension benefit. When payment subsequently resumes, there is no adjustment for the missed monthly payment(s). From time to time, the Board of Trustees, in its sole discretion, may decide to not enforce the suspension of benefits rules due to certain factors such as a shortage of qualified labor in the geographic area covered by the Pension Plan and you will receive written notice of this temporary waiver period.

Disqualifying Employment

Your monthly pension benefit will be suspended only if you work in "Disqualifying Employment". The definition of Disqualifying Employment differs depending upon whether it occurs before or after Normal Retirement Age ("NRA"), which is age 62 under the Pension Plan. Any amount of Disqualifying Employment will result in suspension of benefits if it occurs before NRA. After NRA, you may work a limited amount, as described below, before your benefits are suspended.

Before Normal Retirement Age

"Disqualifying Employment" means employment or self-employment:

- (1) as a plumber or steamfitter; or
- (2) with any Employer within the same craft, industry or area within the jurisdiction of the Union or of any related plan.

Any amount of Disqualifying Employment before "NRA" will result in a suspension of benefits.

On or After Normal Retirement Age

"Disqualifying Employment" means employment or self-employment that is:

- (1) in the building trades and construction industry or any other industry in which employees covered by the Pension Plan were employed when your pension benefit began or, but for suspension, would have begun (or if applicable, when payment resumes); and
- (2) in the geographic area covered by the Pension Plan when your pension benefit began or, but for suspension, would have begun; and
- (3) as a plumber or steamfitter.

You may work or be paid for a cumulative total of 480 hours of Disqualifying Employment in a calendar year without having your benefit suspended; however, once you reach the 480 hour limit, your benefit will be suspended for each succeeding month in that calendar year in which you work or are paid for at least 40 hours in Disqualifying Employment.

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Suspension of Benefits Rules (2 of 3)
(Please retain for your records)

Exceptions to Suspension Rules

- (1) The Suspension of Benefits Rules will **NOT** apply to any minimum distributions required by law after you reach age 70 ½.
- (2) Also, if you are working as a non-bargaining unit employee (that is, you are not covered by the union contract but your employer is signatory to a union contract and you do not work with the tools of the trades), your monthly benefit will not be suspended during the time you are working in this non-bargaining unit position.

Participant's Notice Obligations

Written Notice When Disqualifying Employment Begins

You must notify the Pension Fund Office in writing within 30 days after starting any work of a type that is or may be "Disqualifying Employment", without regard to the number of hours worked, and provide any information reasonably requested to verify the extent and nature of your work. If you have worked in Disqualifying Employment for at least four (4) consecutive months and have not given timely written notice to the Pension Fund Office, you will be presumed to have accumulated 480 hours in that calendar year, and to work, in the fourth month and in each subsequent month, at least 40 hours, unless it is otherwise unreasonable to rely on this presumption. This presumption may continue until you notify the Pension Fund Office in writing that you have ceased Disqualifying Employment.

If you work in Disqualifying Employment for a contractor at a building or construction site and do not give timely written notice to the Pension Fund Office of your employment, the Pension Plan will presume that you have engaged in such employment for as long as the contractor has been and remains actively engaged at the site.

If you retire and fail to notify the Pension Fund Office of any pre-NRA employment that may be the basis for suspension, or make any willful misrepresentation regarding such work, your benefit may be suspended for an additional 6-12 months (provided that this additional suspension cannot be for any month after you reach NRA.)

Written Notice When Disqualifying Employment Ends

If your pension benefit has been suspended, you must notify the Pension Fund Office in writing when your Disqualifying Employment ends in order to have payment of your benefit resume. The Pension Plan may continue to suspend your benefit until receipt of such notice.

Right to Determination Whether Contemplated Work is Disqualifying Employment

If you are contemplating work and want to know if it will be "Disqualifying Employment", you may request a determination from the Pension Plan. You must submit a written request to the Pension Fund Office and describe, in detail, the nature of the contemplated work, the name of the employer, and the geographic area in which it will be performed. The Pension Plan will notify you in writing of its determination within a reasonable period of time following receipt of your request.

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Suspension of Benefits Rules (3 of 3)
(Please retain for your records)

Resumption of Benefits Payments and Right to Offset for Overpayments

If your benefit is suspended, payment will resume when your Disqualifying Employment ends, if you have notified the Pension Fund Office in writing. There may be an administrative delay of up to three months; however, the first payment on resumption will include all amounts due since your Disqualifying Employment ended, less any offsets.

If a monthly pension benefit is paid for a month in which there should have been a suspension of benefits, the Pension Plan may recover the overpayment by deducting it from pension benefits that are paid or payable after suspension of benefits has ended. There is no limit on the amount that can be deducted from the first resumed payment; however, deductions from subsequent payments are limited to 25% of the monthly benefit due.

Right to Review of Any Determination Concerning Suspension of Benefits

If you disagree with any determination by the Pension Plan regarding a suspension of your benefit (e.g., whether contemplated employment will be "Disqualifying Employment" or an actual suspension of your benefit), you are entitled to a review of that determination. You must file a written request for review with the Pension Fund Office within 180 days following the date of the notice of determination provided to you. Your request for review will be handled in accordance with the Review Procedure for denied claims, as described in the Summary Plan Description for the Pension Plan.

The attached Retirement Declaration must be signed as acknowledgment that you have read and understand the Suspension of Benefits Rules provided with this application for pension under the Plumbers and Steamfitters Local Union No. 60 Pension Plan.