Your Pension Commencement Date is determined by the date your Retirement Application is received by the Plans Office. The **ORIGINAL** application must be received in the Plans Office before payments will be released. Please allow **a minimum of 6 weeks** to process your application. If applying for Normal Retirement benefits, please use a Normal Retirement Application.

DISABILITY RETIREMENT APPLICATION
ILWU-PMA PENSION PLAN ◆ ILWU-PMA WATCHMEN PENSION PLAN

1. Legal Name:_____
   First *Middle* *Last*

   Local:_____ Registration Number:_____

2. Address:_____
   Street

   _____
   City ***State*** ***Zip Code***

   Telephone Number: (_____)_____ Email: _____

3. Social Security No.:_____

   Birth date:_____ Age:_____

4. *(**NOTE:** This question does not apply to Watchmen.)* List all the periods during which you did not work in covered employment due to an industrial illness or injury arising out of employment in the longshore industry for which you received compensation in the form of state or federal workers' compensation (including third party suit settlement).

DATE OF DISABILITY	TYPE OF COMPENSATION RECEIVED	PERIODS FOR WHICH YOU RECEIVED COMPENSATION

5. WITH REGARD TO YOUR PRESENT DISABILITY:

   Name of doctor(s) treating you:

   Doctor_____Address_____

   Telephone# (_____)_____

   Doctor_____Address_____

   Telephone# (_____)_____

   (If more space is needed, attach separate piece of paper.)

   (a) Do you grant permission for the trustees or their agents to contact your doctor(s) concerning your disability? YES ☐ NO ☐

   (b) Do you agree to undergo whatever medical examination the trustees may require? YES ☐ NO ☐

   (c) Have you received or are you currently receiving any type of compensation in connection with your present disability? YES ☐ NO ☐

   If YES:

(OVER)

APPROXIMATE DATES

☐ Federal workers' compensation From_____To_____

☐ State workers' compensation From_____To_____

☐ California State Disability Insurance From_____To_____

☐ ILWU-PMA Welfare Plan Weekly Indemnity Benefits From_____ To_____

6. Date you last worked as a Longshoreman, Ship Clerk, Walking Boss/Foreman, or Watchman:

_____

SURVIVOR BENEFITS

In case of your death, your spouse may be entitled to survivor benefits. Please fill in the following information for future reference:

Current Marital Status: ☐ Legally Married ☐ Single (Never Married) ☐ Divorced ☐ Widowed

Evidence of marital status must be submitted as applicable: photocopy of certified marriage certificate, divorce decree, death certificate. If currently legally married, please complete the following:

Spouse's Legal Full Name _____

Spouse's Address_____
(If different from Applicant's address.) *Street*

_____
City *State* *Zip*

Spouse's Birthdate_____ Spouse's Social Security No._____

IMPORTANT: The Benefit Plans Office will notify you when your application is received. Contact the Plans Office if you do not receive this confirmation within two weeks of the date your application was submitted.

I hereby certify that the above information is correct to the best of my knowledge and belief. I acknowledge that as of my Separation Date certified by the Trustees, I will be permanently separated from all employment under a Longshore or Watchmen industry Collective Bargaining Agreement, and that my name will be permanently removed from all Longshore or Watchmen industry registration lists.

_____
Signature Date

To expedite review, FIRST submit application via...

Fax: (415) 749-1321 ***OR***

Email: pension@benefitplans.org

...THEN mail application to

ILWU-PMA Benefit Plans
1188 Franklin Street, Suite 101
San Francisco, CA 94109