

ILWU-PMA PENSION PLAN ♦ ILWU-PMA WATCHMEN PENSION PLAN

DISABILITY RETIREMENT APPLICATION

Please allow a **minimum of six (6) weeks** to process your Disability Retirement Application.
To apply for normal retirement benefits, please use the Normal Retirement Application.

SECTION 1

Legal Name: _____
First Middle Last

Local: _____ Registration Number: _____

Address: _____
Street

City State Zip Code

Telephone Number: Home: _____ Cellphone: _____

Email: _____

Social Security Number: _____

Birth date: _____ Age: _____

SECTION 2

List all periods during which you did not work in covered employment due to industrial illness/injury arising from employment in the Longshore industry, for which you were compensated through state or federal workers' compensation (including third-party suit settlement).

DATE OF ILLNESS/INJURY	TYPE OF COMPENSATION	PERIOD(S) OF COMPENSATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

REGARDING YOUR PRESENT DISABILITY, PLEASE LIST TREATING PHYSICIAN(S):

Doctor: _____ Address: _____

Contact #: _____

Doctor: _____ Address: _____

Contact #: _____

(If additional space is needed, please attach a separate sheet.)

- (a) Do you grant permission to the Trustees or their agents to contact your doctor(s) concerning your disability? YES NO
- (b) Do you agree to undergo whatever medical examination required by the Trustees? YES NO
- (c) Have you received or are you currently receiving compensation in connection with your present disability (i.e., State Disability, Weekly Indemnity)? YES NO

(OVER)

APPROXIMATE DATES
FROM TO

- Federal workers' compensation
- State workers' compensation
- California State Disability Insurance
- ILWU-PMA Welfare Plan Weekly Indemnity /
Non-Industrial Disability Supplement

1. Date last worked as a Longshore worker, Ship Clerk, Walking Boss/Foreman, or Watchman:

SECTION 3 - Survivor Benefits – In the event of your death, your legal spouse may be entitled to Survivor benefits. For future reference, please complete the following as applicable:

- Single- Never Married
- Legally Married – See SECTION 4 and please attach photocopy of certified marriage certificate
- Divorced – Please attach photocopy of complete divorce decree/judgement (all pages)
- Widowed – Please attach photocopy of death certificate

SECTION 4 – Please complete the following for your spouse

Full Name: _____

Address (if different from yours): _____
Street

_____ *City* *State* *Zip Code*

Date of Birth: _____ Social Security Number: _____

SECTION 5

I hereby certify that the above 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 and forego all employment under the Longshore or Watchmen industry's Collective Bargaining Agreement, and understand that my name will be **permanently removed** from all Longshore or Watchmen Registration Lists.

Signature

Date

To expedite processing, you may first submit your application via...

Fax: (415) 749-1321 or

Email: pension@benefitplans.org

...then mail the application to:
(make a copy for your records prior to mailing)

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

IMPORTANT: The Benefit Plans Office will notify you when your application has been received. Please contact the Plan Office if you do not receive this notification within two weeks from the date your application was mailed.