

ILWU-PMA WELFARE PLAN
SOCIAL SECURITY SUPPLEMENTATION BENEFIT

CLAIM FORM

Name _____ Local _____ Reg. # _____

Address _____

City _____ State _____ Zip Code _____

Telephone: _____

-- SEE BACK FOR INSTRUCTIONS --

I hereby apply for an ILWU-PMA Social Security Supplementation Benefit. I have attached the following required documents for review:

- Copy of Social Security Notice of Award*
- Copy of Social Security Earnings Record [Personal Earnings & Benefit Estimate Statement (PEBES) or Federal Insurance Contributions Act (FICA) Wage Printout].*

I understand that a decision on my claim for ILWU-PMA Social Security Supplementation Benefit will not be made until I submit my claim form, Social Security Notice of Award and Social Security Earnings Record.

Signature _____ Date _____

****See reverse for information on how to obtain these documents.***

<p><u>Mail to:</u> ILWU-PMA Benefit Plans 1188 Franklin Street, Suite 101 San Francisco, CA 94109</p>

(OVER)

INSTRUCTIONS

1) Social Security Notice of Award

- If you have misplaced your Social Security Notice of Award, please go to your local Social Security Administration office and request a replacement copy.
- If you have applied for Social Security benefits, but have not received your Notice of Award, do not submit a claim until your Notice of Award is received.
- If you have not yet applied for Social Security benefits, please notify the Plan office at (415) 673-8500.

2) Personal Earnings & Benefit Estimate Statement (PEBES) or Federal Insurance Contributions Act (FICA) Wage Printout

- You can obtain a copy of your PEBES or FICA wage printout directly from your local Social Security Administration office, or
- You may download a copy from Social Security's website at www.ssa.gov.