



## PENSION PLAN BENEFIT APPLICATION FORM

### *Operating Engineers LOCAL 904*

#### **PART A: Member Information**

Name of Member: \_\_\_\_\_

S.I.N.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Address: (include postal code) \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date Joined Union: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Last Worked: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Company Worked For: \_\_\_\_\_

Last Province Worked In: \_\_\_\_\_

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#### **PART B: Reason for benefit payment request (please check one)**

Retirement: \_\_\_\_\_ Termination of Plan Membership: \_\_\_\_\_

Disability Retirement: \_\_\_\_\_ Death: \_\_\_\_\_

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Effective date means: the date you terminated from the Union, or the date you wish to commence your monthly pension, or the date of death)

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#### **PART C: Member Certification**

I hereby certify that the information shown in PART A is true and correct to the best of my knowledge and belief and that I am eligible for any benefits which may be payable as a result of the reasons stated in PART B.

Date: \_\_\_\_\_ Signature of Member: \_\_\_\_\_

**(Please attach a copy of your birth certificate, if you are retiring you must also include a copy of your spouses birth certificate.)**

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#### **PART D: Certification of Union Representative**

I hereby certify that the information shown in PARTS A and B are true and correct to the best of my knowledge and belief.

Date: \_\_\_\_\_ Signature of Union Representative: \_\_\_\_\_

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#### **POSSESSION OF THIS FORM DOES NOT CONSTITUTE ELIGIBILITY FOR BENEFITS**

BENEFIT PLAN ADMINISTRATORS (ATLANTIC) LIMITED  
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