

# BEER INDUSTRY - LOCAL UNION NO. 703 PENSION FUND

18660 GRAPHIC DRIVE SUITE 202 TINLEY PARK, ILLINOIS 60477

T: 708-429-0046 \*\* www.cbibf.org\*\* F: 708-429-0047

## PENSION APPLICATION

Please read all instructions carefully and print your answer to each question. If you need assistance completing this application, please contact the Fund Office.

1. Name: \_\_\_\_\_  
Last First Middle

2. Address: \_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State Zip Code Phone Number

3. Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Proof Required

NOTE: Proof of birth required, please see last page of application for all acceptable documentation

4. Retirement Date: The first day of the month of \_\_\_\_\_. NOTE: Retirement date can only be the first day of the month following receipt of your application or the first day of the month following the last day paid from your employer, whichever is later. Please be advised vacation days paid upon retirement are considered as days worked.

5. [a] Upon what date did you first become employed in the Beer Industry? \_\_\_\_\_

[b] Since this date have there been any periods when you left employment in the Beer Industry, withdrew from membership, or transferred out of the Beer Industry Division of Local Union No. 703?

[ ] Yes [ ] No If yes, please state when:

From \_\_\_\_\_ to \_\_\_\_\_ Reason \_\_\_\_\_

6. Have you ever served in the United States Armed Forces? [ ] Yes [ ] No

If yes, fill in the information below:

\_\_\_\_\_  
Date Entered Date Discharged or Separated Branch of Service

### Past Service Questionnaire

7. So that we may determine pensions under our Reciprocal Agreements . . . please list all Local Unions in which you have been a member and show dates of membership in each Union . . .

Local Union No.	City & State	Dates Employed
_____	_____	_____
_____	_____	_____
_____	_____	_____

THE UNIVERSITY OF CHICAGO  
DEPARTMENT OF CHEMISTRY  
5708 SOUTH WOODLAND DRIVE  
CHICAGO, ILLINOIS 60637

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**BEER INDUSTRY - LOCAL UNION NO. 703 PENSION FUND**

8. List below the names and addresses of all Beer Industry employers for whom you have ever worked since first entering employment under the jurisdiction of Local Union No. 703. Begin with your present or most recent employer and as accurately as possible list the dates of employment.

Name and Address of Employer	Job Title	Dates Employed

9. Have you ever received Weekly Accident or Sickness Benefits from the Beverage Industry - Local Union No. 703 Health and Welfare Fund?  Yes  No If yes, fill in the information below.

Name of Employer at Time of Disability	Dates of Weekly Accident and Sickness Benefits

10. Have you ever received Worker's Compensation Benefits while employed in the Beer Industry?  
 Yes  No If yes, are you still receiving Worker's Compensation Benefits?  Yes  No

Name of Employer at Time of Injury	Dates of Worker's Compensation Benefits

11. Are you married?  Yes  No If yes, your spouse's information must be completed below.

12. Please indicate your marital status. Please note, an individual is the Participant's Spouse if the parties are lawfully married according to the laws of the jurisdiction where the marriage was performed, without regard to the laws of the state(s) of residence of the parties.

A.  I am single or unable to locate my spouse.

B.  I am married

Name of Spouse	Spouse's Date of Birth (Proof Required)	Spouse's Social Security No.
Signature of Pension Applicant	Date	Date of Marriage (Proof Required)

**BEER INDUSTRY - LOCAL UNION NO. 703 PENSION FUND**

13. Are you under the age of 60 and applying for a Disability Pension?  Yes  No If yes, complete the following:

[a] Nature of your disability: \_\_\_\_\_

[b] When did you become disabled: \_\_\_\_\_

[c] Have you worked at all, at any occupation, since you became disabled?  Yes  No If yes, complete the following:

Monthly Gross	Date From	Date To	Type of Employment
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[d] Do you have a Social Security Disability Award?  Yes  No If yes, please send a copy.

[e] Date of your most recent exam: \_\_\_\_\_

[f] Name and address of your doctor: \_\_\_\_\_

**Note: If you are applying for a Disability Pension please contact the Fund Office for a Statement of Attending Physician which must be completed by your doctor.**

I hereby apply for a pension from the Beer Industry - Local Union No. 703 Pension Fund. The foregoing statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits, and that the Trustees shall have the right to recover any payments made to me because of a false statement.

\_\_\_\_\_  
Signature of Pension Applicant

\_\_\_\_\_  
Date of Signature

**An application for pension benefits must be made on the official form of the Fund Office. Application must be submitted at least one month prior to the date on which pension payments, if approved, are to begin. You will be advised if any further information is required, and you will be notified in writing of the decision made by the Board of Trustees on your application.**

## BEER INDUSTRY - LOCAL UNION NO. 703 PENSION FUND

### INSTRUCTIONS TO APPLICANT FOR RETIREMENT ON PROOF OF AGE

One of the types of proof of age listed below must be furnished. Proof as high in order on list as possible should be submitted if you have it, or if it is readily obtainable because such proof is generally more convincing. For instance, if you have or can readily obtain a birth certificate, it should be submitted rather than a baptismal certificate or a statement of birth shown by a church record. If you do not have either of these proofs, or they are not readily obtainable, try to submit the proof listed next in order, rather than one low on the list. Additional proof of age may be requested if the document you submit is not convincing proof. Therefore, it is to your advantage to furnish a document which is high in order of preference on the list. **Original documents must be submitted to the Fund Office, they will be returned.**

1. A birth certificate.
2. A baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such record.
3. Notification of registration of birth in a public registry of vital statistics.
4. Certification of record of age by the U.S. Census Bureau.
5. Hospital birth record, certified by custodian of such record.
6. Document showing approval of Social Security Pension.
7. A foreign church or government record.
8. A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
9. Naturalization record.
10. Immigration papers.
11. Military record.
12. Passport.
13. School record, certified by the custodian of such record.
14. Vaccination record, certified by the custodian of such record.
15. An insurance policy which shows the age or date of birth.
16. Marriage records showing date of birth or age (application for marriage license or church record, certified by the custodian of such record; or marriage certificate.)
17. Other evidence such as signed statements from persons who have knowledge of the date of birth, voting records, poll-tax receipts, etc.

**DEPOSITORY AGREEMENT (MASTER AGREEMENT)**

To the Amalgamated Bank of Chicago:

I \_\_\_\_\_, hereby authorize and direct the AMALGAMATED BANK OF CHICAGO, to issue all funds for payment  
Payee (please print)

due me under the Beer Industry-Local Union No. 703 Pension Fund to the order of \_\_\_\_\_  
Name of Bank

(hereinafter referred to as "Bank") whose mailing address is \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Routing No. \_\_\_\_\_ for deposit to my  
Required

\_\_\_\_\_ account, \_\_\_\_\_, and I agree that all funds so issued shall be in full  
Type of account Account Number

payment, satisfaction and discharge of any amount so due me. Any funds so issued are to be electronically transferred directly to said Bank. If any such payment shall have been made, the due date of which is subsequent to my death, I hereby authorize and direct said Bank to refund the amount of such payment to the AMALGAMATED BANK OF CHICAGO, and charge the same to my account. In addition, if the mailing address or account number above is changed, I shall be responsible for giving the BEER INDUSTRY-LOCAL UNION NO. 703 PENSION FUND, 18660 GRAPHIC DRIVE, TINLEY PARK, ILLINOIS 60477, written notice of such change. I reserve the right to revoke or cancel this authorization, such revocation or cancellation to be effective only upon receipt of written notice to that effect at the AMALGAMATED BANK OF CHICAGO.

Date: \_\_\_\_\_

\_\_\_\_\_  
Payee's Signature

SSN: \_\_\_\_\_

The terms of this Depository Agreement are noted and in consideration of payments there under being made to us, we agree to refund to the AMALGAMATED BANK OF CHICAGO, any payment received in accordance with this Depository Agreement, the due date of which is subsequent to the death of the payee whose name appears above. This Depository Agreement constitutes a "master agreement" (or part thereof) pursuant to Section 4.7 of the National Automated Clearing House Association Rules and, in accordance therewith, expressly alters, amends and supersedes the liability provisions of such Section with respect to the above named payee.

Date \_\_\_\_\_

SEAL or NOTARY

\_\_\_\_\_  
Bank

By: \_\_\_\_\_  
Officer

(IF BOTTOM PORTION OF AGREEMENT IS NOT COMPLETE, AMALGAMATED BANK CANNOT PROCESS.)

**BEER INDUSTRY –  
LOCAL UNION NO. 703 PENSION FUND**  
18660 GRAPHIC DRIVE SUITE 202 TINLEY PARK, ILLINOIS 60477  
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**AFFIDAVIT REGARDING ABSENCE OR UNAVAILABILITY OF SPOUSE**

I, \_\_\_\_\_, being first duly sworn on oath, states as follows:

1. I am a Participant in the Beer Industry - Local Union No. 703 Pension Fund.
2. I do not wish to receive my pension benefits in a Joint and Survivor form of payment. I understand that, without the Joint and Survivor form of payment, my pension benefits will end at my death, regardless of whether my spouse, if any, survives me.

3. Please check one of the following:

\_\_\_\_\_ The requirement that my spouse consent to this waiver of the Joint and Survivor form of benefit does not apply because I am not now married.

\_\_\_\_\_ I am unable to obtain the consent of my spouse to this waiver of the Joint and Survivor form of payment because I do not know the present whereabouts of my spouse. I have lived apart from my spouse since \_\_\_\_\_. I have no way of obtaining the current address of my spouse.

4. I make this Affidavit for the purpose of establishing that I may waive the Joint and Survivor form of benefit payment without the consent of my spouse, if any, and for the purpose of inducing the Beer Industry - Local Union No. 703 Pension Fund to pay my pension in the form of a Single Life Annuity which will terminate upon my death. In consideration of the agreement of the Beer - Industry Local Union No. 703 Pension Fund to permit me to waive the Joint and Survivor form of benefit without spousal consent, I do hereby agree to indemnify and save harmless the Beer Industry - Local Union No. 703 Pension Fund and its Trustees from any and all liability for payment of benefits upon a claim of any person who is or may be found to be my spouse.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signed before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

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**DISQUALIFYING EMPLOYMENT**  
Beer Industry

As part of the process to approve your requested retirement benefit, it is necessary to determine whether or not you are or will continue to be employed; and whether or not that employment affects the distribution of your pension benefit. Please be advised that although a determination is being made at the time of your retirement, engaging in employment at any time while receiving a pension benefit may affect the distribution of that benefit and you **MUST** report such employment for a disqualifying determination in accordance with the Plan.

**PLEASE COMPLETE THE FOLLOWING**

**NAME:** (please print) \_\_\_\_\_

**Date of your Retirement:** \_\_\_\_\_, 20\_\_\_\_      **Date of Birth:** \_\_\_\_\_, \_\_\_\_\_

1. Please provide your employer information while a Participant of the Pension Fund

Name of Employer: \_\_\_\_\_  
City and State of Your Employer: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_  
Number of Weekly Hours Worked: \_\_\_\_\_  
Describe in Detail your Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Will you continue your employment with this employer while you are receiving a pension check from the Beer Industry Local Union No. 703 Pension Fund?: \_\_\_\_\_

If YES, please explain your job title and duties if they will be different from your description in question #1:

\_\_\_\_\_  
\_\_\_\_\_

3. As of your scheduled retirement date, will you be employed in **any** other employment? \_\_\_\_\_

If YES, please complete the following for **any** employment in which you will be actively employed and receiving a wage while receiving a pension benefit:

Name of Employer: \_\_\_\_\_  
City and State of your Employer: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_  
Number of Weekly Hours Worked: \_\_\_\_\_  
Describe in Detail your Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Please complete other side)*



There are certain types of work that you cannot perform while you are receiving monthly pension payments from the Beer Industry - Local Union No. 703 Pension Plan. That work is called “Disqualifying Employment” because it disqualifies you from receiving a pension payment for any month in which you perform such work.

Below is information regarding Disqualifying Employment for any pensioner who is before age 65 (Normal Retirement Age). If you are planning to work or will continue to work in ANY job while receiving a pension benefit, please review the following information:

**Before Normal Retirement Age.** If you have not yet reached Normal Retirement Age (age 65), you are not considered to be “retired” if you are:

1. Employed or self-employed in any job which is covered by any Collective Bargaining Agreement which requires contributions into the Fund and
2. Employed in the geographical jurisdiction of Joint Council 25 of the International Brotherhood of Teamsters.

**After Normal Retirement Age.** If you have reached Normal Retirement Age (generally, age 65), you are not considered to be “retired” if you are employed or self-employed and your work falls within all three of the following limitations. The work is:

- in any trade or craft in which you worked while you were earning your pension, and
- in an industry covered by the Plan when your pension payments began, and
- within the geographical jurisdiction of Joint Council No. 25 of the IBT.

Working in the same “trade or craft” depends on the skills you use and your job duties. For example, if you are working in covered employment as a driver, driving and loading/unloading, and then go to work as a salesman for your employer, you are working in a different “trade or craft” because the skills and duties you have as a salesman are different from the skills and duties you had as a driver. However, if you cease working as a beer delivery driver and then go to work as a soft drink delivery driver, you are working within the same trade or craft, even though you may be working for a different employer with a different product.

Working in the “industry” means whether you are working in beer distribution.

Working in the same geographical jurisdiction of Joint Council No. 25 means Illinois and Indiana.

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**SSN**

\_\_\_\_\_, 20\_\_\_\_\_  
**Date**

\*\* Any participant may request a ruling from the Fund Office on whether a particular type of employment constitutes Disqualifying Employment. A Participant may also, by written request, ask the Trustees to review any such ruling made by the Fund Office.

**BEER INDUSTRY -**  
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**DEFINED BENEFIT PLAN DESIGNATION OF BENEFICIARY**

Please read all instructions carefully and print your answers. For any assistance, please contact the Fund Office.

**PART A - TO BE COMPLETED BY PARTICIPANT**

**\*PLEASE NOTE - If more than one beneficiary is named, the benefit will be shared equally**

Participant's Name: \_\_\_\_\_ Participant's SSN \_\_\_\_\_

Please provide the following information regarding your beneficiary(ies). You may list more than one if you wish.

Name: \_\_\_\_\_ SSN \_\_\_\_\_ Relation \_\_\_\_\_

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

Name: \_\_\_\_\_ SSN \_\_\_\_\_ Relation \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**PART B - TO BE COMPLETED BY MEMBER'S SPOUSE IF BENEFICIARY IS NOT THE SPOUSE**

I hereby consent to the designation of Beneficiary made by my spouse in Part A of this form. I understand that the person(s) named in Part A will receive the entire benefit payable from the Defined Benefit Plan upon the death of my spouse.

\_\_\_\_\_  
Signature of Participant's Spouse

\_\_\_\_\_  
Date

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the participant's spouse signed above on Part B at his/her own free will.

\_\_\_\_\_  
Notary Public

**PART C - TO BE COMPLETED BY PARTICIPANT WHO IS SINGLE OR WHO IS UNABLE TO LOCATE HIS/HER SPOUSE.**

The undersigned member, being first duly sworn on oath, states as follows (check only one).

[ ] I am not married, so the requirement that my spouse consent to my designation of Beneficiary does not apply.

[ ] I am unable to obtain the consent of my spouse because I do not know his/her present whereabouts. I have no way of obtaining the current address of my spouse.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary

allusers/forms/pensionforms/beerpensionbeneficiaryform-revised

## **Beer Industry – Local No. 703 Pension Fund**

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### **Benefit Payment Options Relative Value**

Our Plan offers optional forms of payment to eligible participants, in addition to the normal form of payment available under our Plan. These optional forms of payment have relatively the same value as the normal form of payment. The remainder of this notice explains why you need to know this, what this means, and how this was determined.

#### ***What Is Relative Value?***

Relative value means the actuarial present value of each optional form of payment compared to the actuarial present value of the normal form of payment under a plan. Actuarial values of benefits are determined using:

- Mortality assumptions, which are based on standardized tables developed by actuarial organizations and life insurance companies. Information is analyzed about large groups of people to project the rates at which groups of individuals at different ages are expected to die. These statistical mortality projections are used to develop “average life expectancies.”
- Interest assumptions, which estimate the likely investment earnings, over time, of the money put aside to pay benefits. This is important in the determination of actuarial value because investment earnings provide some of the money used to pay benefits.

#### ***What Are The Relative Values Under Our Plan?***

Under our Plan, the normal forms of payment are the:

- Qualified Joint and Survivor Annuity, which under the Plan is the 50% Husband and Wife Pension for married participants
- Single Life Annuity for single participants

The generally available optional forms of payment are the:

- Single Life Annuity (a total of 36 months guaranteed payments to the pensioner and surviving spouse of pensioner who retires under a Regular, Reduced Regular, Early Retirement or Deferred Pension).
- Single Life Annuity with 60 month guarantee
- Single Life Annuity with 120 month guarantee
- 75% Husband and Wife Pension for married participants
- 100% Husband and Wife Pension for married participants
- 50% Husband and Wife Pension with pop up for married participants
- 75% Husband and Wife Pension with pop up for married participants
- 100% Husband and Wife Pension with pop up for married participants

All forms of payment available under our Plan have approximately the same actuarial present value.

### ***How Was This Determined?***

The valuation and reporting methodologies used were based on IRS regulations, which can be found in Treasury Regulations Section 1.417(a)(3)-1. These methodologies are fairly technical and can be difficult to understand. However, IRS regulations require that we provide this information to you.

The values were calculated, for comparison purposes, assuming the Fund would earn 7.0% interest and that, on average, non-disabled participants and spouses would live as long as predicted under the 1971 Group Annuity Mortality table and the 1965 Railroad Retirement Board Disabled Life mortality table for disabled participants. We also assumed for married participants that the spouse is the same age as the participant.

### ***What Does This Mean To Me?***

As stated earlier, basically, this means all optional forms of payment have relatively the same value as the normal form of payment under our Plan. However, it is important that you realize that this is not a guarantee or even a prediction of what you will actually be eligible to receive when you retire. The actual value of the different forms of payment will vary depending on how long the individual and spouse or beneficiary in fact live and on their ages when payments start.

Upon your written request, you will be provided with a similar comparison, based on your own age and estimated benefits, between your normal form of payment and on any other forms of payment that you are eligible for. You may want to consult a financial advisor when you are nearing retirement to determine what is right for you.

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18660 GRAPHIC DRIVE STE 202 TINLEY PARK, ILLINOIS 60477  
Telephone: (708) 429-0046 Fax: (708) 429-0047

**An Explanation of your  
Joint & Survivor Options**

If you are married and have an eligible Spouse when your monthly pension distribution begins, you will be paid in the form of a 50% Joint & Survivor option unless you elect otherwise. A married pension Participant with a qualified Spouse who elects to receive a Single option pension benefit, which does not provide any future payments to the Spouse, may do so only if the Spouse provides their notarized signature on the Selection of Benefit form.

A Joint & Survivor Pension is a form of Pension which has been reduced so that a surviving Spouse will be able to receive a benefit the month following the Participant's death; and for the rest of their life. This reduced amount is based on a specific formulary using the difference in ages between the pension Participant and the eligible Spouse. Participants will need to provide the Fund Office with ORIGINAL documents of birth for both the Participant and the Spouse as well as an ORIGINAL and valid marriage license. All ORIGINAL documents are returned via Certified Mail to the pension Participant once they have been copied and placed in file.

There are several types of Joint & Survivor options available that provide a benefit to your surviving Spouse as well as allow you to restore your monthly benefit to the unreduced amount (pop-up) should your Spouse predecease you. All your options will be provided on a Selection of Benefit form which you will be required to sign; and possibly your Spouse to sign (possible notarization required) in order to begin your monthly pension benefit.

Please note that your Pension benefit and options are governed by the Plan in effect.

**BEER INDUSTRY – LOCAL UNION NO. 703 PENSION FUND**  
**18660 Graphic Drive, Suite 202, Tinley Park, Illinois 60477**  
**T708-429-0046 \*\* F708-429-0047**

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**BENEFIT PAYMENTS AND RETIREMENT**

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**DISQUALIFYING EMPLOYMENT RULES WHILE CONTINUING TO WORK**

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Following are the Plan rules. You are required to report ANY employment to the Fund Office. If you become employed and fail to advise the Fund Office, and the Trustees have reason to believe you are engaging in Disqualifying Employment, the Trustees will presume that you are working in Disqualifying Employment and you pension will be subject to suspension.

**Section 6.06 Disqualifying Employment**

- (a) Before Normal Retirement Age - Prior to attaining his Normal Retirement age, a Participant is employed in Disqualifying Employment when the Participant is employed in any trade or craft which is covered under any Collective Bargaining Agreement which requires contributions to the Fund and which employment is within the geographical jurisdiction of Joint Council No. 25 of the International Brotherhood of Teamsters.
- (b) After Normal Retirement Age. To be considered retired after he has attained Normal Retirement Age, a Participant may not be employed or self-employed:
  - (i) In any trade or craft at which the Participant worked while in Covered Employment, and
  - (ii) In an Industry covered by the Plan when the Participant's pension payments began, and
  - (iii) Within the geographical jurisdiction of the Union.

Notwithstanding the foregoing, a Participant who has attained Normal Retirement Age may work in any type of employment, without restriction, for up to 39 hours per month. Additionally, as of April 1 of the Calendar Year following the year in which a Participant attains age 70 ½, no employment will be considered Disqualifying Employment with respect to such Participant.

- (c) Requests for Ruling. Any Participant may request a ruling from the Fund Office on whether a particular type of employment constitutes Disqualifying Employment. A Participant may also, by written request, ask the Trustees to review any such ruling made by the Fund Office.

For the purpose of this Section, working in the same "trade or craft" depends on the skills you use and your job duties. For example, if you are working in covered employment as a driver, driving and loading/unloading, and then go to work as a salesman for your employer, you are working in a different "trade or craft" because the skills and duties you have as a salesman are different from the skills and duties you had as a driver. However, if you cease working as a beer delivery driver and then go to work as a soft drink delivery driver, you are working within the same trade or craft, even though you may be working for a different employer with a different product.

Working in the "industry" means whether you are working in beer distribution.

Working in the same geographical jurisdiction of the Joint Council No. 25 means Illinois and Indiana.

Any Plan Participant may request a ruling from the Fund Office on whether a particular type of employment constitutes Disqualifying Employment. If you disagree with the answer, you may also, by written request, ask the Trustees to review any ruling made by the Fund Office. Direct your written request to: Board of Trustees, Beer Industry – Local Union No. 703 Pension Fund, 18660 Graphic Drive, Suite 202, Tinley Park, Illinois 60477.

### **Section 6.07 Suspension of Benefits**

- (a) If a pensioner becomes employed in Disqualifying Employment as described in Section 6.06 above, his pension benefit will be suspended for any calendar month in which he is so employed.
- (b) Reporting Requirement. Any retired Participant who becomes employed is required to report such employment to the Fund Office, regardless of whether such employment constitutes Disqualifying Employment and regardless of the retired Participant's age. If any retired Participant shall take employment and shall fail to so advise the Fund Office, and if the Trustees thereafter have reason to believe that such Participant is engaged in Disqualifying Employment, then the Trustees may presume that such Participant is so employed for more than 39 hours per month and may act to suspend his pension benefit without further inquiry.
- (c) Exception to Preserve Nonforfeitable Benefits. Suspension before Normal Retirement in accordance with Section 6.07 (a) because of employment of a type for which benefits could not be suspended after Normal Retirement Age shall not have the effect of reducing the value of the Participant's pension for payment at his Normal retirement Age and, to the extent necessary to avoid reduction, the monthly amount of the pension shall be adjusted so as not to deprive the Pensioner of the value of his benefit as payable from his Normal Retirement Age.

### **Section 6.08 Benefit Payments Following Suspension**

- (a) When a pensioner whose benefit has been suspended under section 6.07 leaves Disqualifying Employment, his benefit will resume as of the first day of the month following the termination of such Disqualifying Employment.
- (b) Benefits which are paid while a Pensioner was engaged in Disqualifying Employment as described in Section 6.06 shall be recovered by deducting from future benefit payments; provided, however, that such deduction will not exceed, in any one month 25% of that month's total benefit payment, except that 100% of the first payment will be withheld. If a Pensioner dies before the benefits have been recovered, deductions will be made from the benefits payable to the Pensioner's spouse or beneficiary.
- (c) A Pensioner who returns to Covered Employment for an insufficient period of time to complete a Year of Vesting Service shall not, on subsequent termination of employment, be entitled to a recomputation of his pension amount. If a pensioner who returns to Covered Employment completes a Year of vesting Service, he shall, upon resumption of his pension, be entitled to a recomputation of his pension amount, based on any additional Pension Credits and on his attained age upon resumption of his pension.
- (d) If a Pensioner who retired on a pension payable before his Normal Retirement Age (except a Disability Pension which shall be adjusted in accordance with Section 3.17) returns to work in the type of employment described in Section 6.06, he shall, upon resumption of his pension, have his pension amount, as determined in accordance with paragraph (a) of this section, reduced by the actuarial equivalent of the previous pension payments made to the Pensioner during his retirement.

For the purpose of this subsection, the actuarial equivalent is determined by dividing the amount of a Pensioner's previous pension payments received before Normal Retirement Age by the factor appropriate to his age upon his resumption of his pension.

If the monthly benefit resulting from the deduction of the actuarial equivalent of payments received prior to Normal Retirement Age is less than the previous pension amount payable to the Pensioner before Normal Retirement Age, the amount payable upon resumption of his pension will be equal to the previous pension amount payable before Normal Retirement Age.