

BEER INDUSTRY REQUEST FOR DOCUMENTS QUESTIONNAIRE:

Today's Date: _____

If you are interested in receiving benefit information, please complete this form.

Benefits are payable to an eligible participant the month following receipt of a completed application for benefits. All necessary documents must be provided to determine your benefit amount. **If you wish to receive benefits next month or in the near future, please request an application.**

You will also be required to furnish the following documents:

Driver's license photo (you and your spouse), birth certificates (you and your spouse), and your marriage license. Please be advised, you may take your retirement documents with you today and complete them at your convenience. They can be returned by mail and/or you may schedule an appointment with a pension representative to review your documents and make any necessary copies upon completion of your forms. NOTE: some forms require YOU to obtain a notarized signature for you and/or your spouse.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Name: _____ SSN _____ DOB _____

(please print)

Current Address: _____
(street address) _____ (apartment number)

(City) (State) (Zip Code) Telephone (_____) _____

Spouse's Name: _____ DOB _____

Reason for your visit or call: (please check ALL that apply)

- ____ Beer Pension Application
- ____ Beer Pension Calculation – Age Eff _____
- ____ Beer IAP Application
- ____ Beer IAP Calculation

Are you applying for a Disability benefit? ____ If yes, date you became permanently and totally disabled: _____ Do you have a Social Security Disability Award? _____

List any other Teamster Locals that you have been or are currently a member:

_____ Membership Date: _____ to _____
_____ Membership Date: _____ to _____

Have you ever been in the Military? _____ Service Date _____ thru _____

Are you currently under Workers Compensation or receiving Workers Compensation Income? _____

Last employer while a participant of this Fund _____

Current employer whether Union or Non-Union _____

Signature

Date

allusers/forms/benefitforms/questionnaire

<u>THIS SECTION FOR OFFICE USE ONLY</u>		
Date Request Completed: _____	Initials: _____	
(+) 30 _____	(+) 45 _____	(+) 90 _____