

**Food Employers Labor Relations Association  
and United Food & Commercial Workers  
Pension Fund**

911 Ridgebrook Road  
Sparks, Maryland 21152-9451  
Telephone: (410) 683-6500  
(800) 638-2972  
[www.associated-admin.com](http://www.associated-admin.com)

8400 Corporate Drive, Suite 430  
Landover, Maryland 20785-2361  
Telephone: (301) 459-3020  
(800) 638-2972  
[www.associated-admin.com](http://www.associated-admin.com)

**APPLICATION FOR PENSION**

***(Submission of this Application Does Not Guarantee You a Pension Benefit)***

Please print and complete this form in full. Instructions are on reverse. Return completed form to:

**FELRA and UFCW Pension Fund, 911 Ridgebrook Road, Sparks, MD 21152-9451.**

1. Name (Last, First, Middle) \_\_\_\_\_ 2. Social Security Number \_\_\_\_\_ 3. Home Telephone Number \_\_\_\_\_

4. Home Address (No., Apt. No., and Street) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ 9-Digit Zip Code \_\_\_\_\_ County \_\_\_\_\_

PO Box No. \_\_\_\_\_

**IF USING A PO BOX, BE SURE TO PROVIDE A STREET ADDRESS AS WELL. ALL INFORMATION WILL BE SENT TO PO BOX.**

5. Birth Date (Mo./Day/Yr.) \_\_\_\_\_ 6. Marital Status (**Attach copy of Marriage Certificate, Divorce Decree or Legal Separation Agreement, or Death Certificate as applicable.**) \_\_\_\_\_ 7. Actual Last Day Worked or to Be Worked for a participating Employer. (Mo./Day/Yr.) \_\_\_\_\_  
Attach proof of age. (Examples of accepted forms of proof on back)  Married  Married, Previously Divorced  Divorced  Never Been Married  Separated  Widowed

6A. If you have ever been divorced, is there a Qualified Domestic Relations Order (QDRO) in place or pending?  Yes  No

8. Are you working now?  No  Yes List **all** present employers and type of industry. \_\_\_\_\_  Full Time  Part Time \_\_\_\_\_  Full Time  Part Time

9. If you are a deferred vested participant now requesting your deferred benefit, on page 2 of this application please list everywhere you have worked since terminating your employment with a participating employer of this Fund. List the employer name, city/state, type of industry and dates of employment.

10. Retirement Date (Mo./Day/Yr.) \_\_\_\_\_ (see instructions) 11. Are you currently collecting Workers' Compensation or Accident and Sickness pay?  Yes  No 12. Type of Pension (Circle One): Normal, Early, Disability, 30 & Out, Vested If vested, from what employer did you earn a pension? \_\_\_\_\_

13. Spouse's Name (Last, First, Middle) \_\_\_\_\_ 14. Spouse's Birth Date (Mo./Day/Yr.) Attach proof of age. (See examples on back). \_\_\_\_\_

15. Spouse's Social Security Number: \_\_\_\_\_

**DISABILITY SECTION**

16. Are you applying for a Disability Pension?  Yes  No Date Disability Occurred: \_\_\_\_\_  
Nature of Disability: \_\_\_\_\_

Have you received a Social Security Disability Award?  Yes  No

**If yes, attach a copy of the favorable decision and the Disability Notice of Award Letter to this application. If no, you must receive a Disability Award before further action can be taken.**

Have you started receiving Medicare?  Yes  No

**If yes, attach a copy of your Medicare card.**

**Tax forms will be sent to you separately. You must complete the form(s) whether or not you wish to withhold taxes.**

I hereby certify that the above information is true and correct to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits, and that the Trustees have the right to recover payments made to me as a result of false statements.

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

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Dear Participant:

Please provide this office with the following documents when you submit your Application for Pension. Note that submission of an application for pension does not guarantee you will receive a pension. Your application should be submitted to this office 60 to 90 days prior to your designated effective date of retirement.

**PLEASE DO NOT SEND ORIGINAL DOCUMENTS - SEND COPIES ONLY. ORIGINAL DOCUMENTS WILL NOT BE RETURNED.**

**DOCUMENTS REQUIRED WITH YOUR PENSION APPLICATION:**

- **Never Been Married** – Your Birth Certificate
- **Married** – Your Birth Certificate, Your Spouse’s Birth Certificate, Marriage Certificate
- **Married, Previously Divorced** – Your Birth Certificate, Your Spouse’s Birth Certificate, Marriage Certificate, the *entire* Decree(s) of Absolute Divorce, signed by a judge
  - If the divorce decree states there is a Qualified Domestic Relations Order you must submit the *entire* document with the divorce decree.
  - If the divorce decree states there is any type of Property/Marital/Separation/Financial Agreement incorporated into the divorce decree, you must submit the entire agreement along with the entire divorce decree.
- **Divorced** – Your Birth Certificate, the *entire* Decree(s) of Absolute Divorce, signed by a judge
  - If the divorce decree states there is a Qualified Domestic Relations Order you must submit the *entire* document with the divorce decree.
  - If the divorce decree states there is any type of Property/Marital/Separation/Financial Agreement incorporated into the divorce decree, you must submit the entire agreement along with the entire divorce decree.
- **Legally Separated** – Your Birth Certificate, Marriage Certificate, entire Legal Separation Agreement
- **Separated (but not legally separated)** - Your Birth Certificate, Your Spouse’s Birth Certificate, Your Marriage Certificate
- **Widowed** – Your Birth Certificate, Your Spouse’s Death Certificate

We will not be able to process this pension application until all of the above information is received. Thank you in advance for your cooperation and understanding in this matter.

**PENSION PROCESSING STEPS**

1. Submit the completed pension application and all applicable documents listed above.
2. Please send **copies** of the original documents only. **ORIGINAL DOCUMENTS WILL NOT BE RETURNED.**
3. **THE ENTIRE PENSION APPLICATION MUST BE COMPLETED OR IT WILL BE RETURNED TO YOU FOR COMPLETION. THIS WILL CAUSE A DELAY IN PROCESSING YOUR APPLICATION.**
4. Upon receipt of the completed application, the Fund Office will send you forms to complete and return if you are eligible for retiree health and welfare benefits.
5. Approximately one month prior to your date of retirement, the Fund Office will send your final pension election form, tax forms and an electronic transfer form.

**PLEASE NOTE:** Before your pension can be processed, the Fund Office must receive all contributions from your employer. This will ensure that you receive all benefit service due. This may mean a delay in receiving your first pension check, but you will be paid retroactively to your date of retirement.

Sincerely,  
Fund Office

## INSTRUCTIONS FOR PREPARATION OF APPLICATION FOR PENSION

*Most items are self-explanatory. Items which require further explanation are listed below.*

**Number 4: Zip Code** – Please provide your 9 digit zip code. (If not known, call your local Post Office.)

**Numbers 5 and 14: Proof of Age** - You must attach proof of age. The proof of age must be furnished as high in order on the list as possible. Two forms of proof of age will be requested if the document you submit is below Item H on the list below.

- A. Birth Certificate
- B. Notification of Registration of Birth in a public registry of vital statistics
- C. Hospital Birth Record, certified by custodian
- D. Foreign church or government record
- E. Naturalization record
- F. Immigration papers
- G. Military record/Discharge form
- H. Passport
- I. Baptismal Certificate showing infant's date of birth on church record, certified by custodian
- J. School record which states date of birth, certified by custodian

**\*Take note: A Driver's License is not an acceptable form of Proof of Age.**

**Number 6:** You **must** select a Marital Status.

**Number 6A: If you have ever been divorced, you must answer Question 6A.** *A Qualified Domestic Relations Order is a judicial order that recognizes that your former spouse may be legally entitled to an interest in your pension plan or retirement account.*

**Number 7:** The last day that you physically worked for a participating Employer. This does not include vacation days, personal holidays, etc.

**Number 8:** You must check Yes or No, Full Time or Part Time. If yes, enter the name of all your current employers.

**Number 9:** (See page 1). ***This section must be completed or the form will be returned to you for completion.***

Employers	City/State	Type of Industry	Dates of Employment

**Number 10:** The first day of the month following the last day that you physically worked, as entered in Question 7. ***You must enter a date of retirement to process this application.*** Please contact this office if you need assistance.

**Number 16: *You MUST have been determined permanently and totally disabled and received a Disability Notice of Award letter from the Social Security Administration to apply for a Disability pension.*** The Notice of Award provides the date it was determined you became disabled according to the Social Security Administration's rules and the date your monthly disability benefits began.

**Medicare** – You **must** contact the Fund Office and provide a copy of your Medicare card as soon as you are determined eligible for any reason.

***\*You must sign and date the Pension Application. Pension Applications received without a signature will be returned for your signature and may cause a delay in processing.***