

**Milk Drivers and Dairy Employees Local Union No. 246  
of Washington, D.C.  
Pension Fund**

911 Ridgebrook Road  
Sparks, Maryland 21152-9451  
Telephone: (800) 730-2241  
[www.associated-admin.com](http://www.associated-admin.com)

8400 Corporate Drive, Suite 430  
Landover, Maryland 20785-2361  
Telephone: (800) 730-2241  
[www.associated-admin.com](http://www.associated-admin.com)

Dear Participant:

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

**\*\*\* Please Send Copies Only of Documents Not Originals \*Originals will not be returned.**

- **BIRTH CERTIFICATE**
- **SPOUSE'S BIRTH CERTIFICATE (if applicable)**
- **MARRIAGE CERTIFICATE (if applicable)**
- **SPOUSE'S DEATH CERTIFICATE (if applicable)**
- **DIVORCE DECREE (if applicable) IF DIVORCED OR SEPARATED, IS THERE ANY JUDGEMENT OR ORDER THAT REQUIRES THE PLAN TO PAY BENEFITS TO AN ALTERNATE PAYEE PURSUANT TO A STATE DOMESTIC RELATIONS ORDER? If so, include document(s).**
- **9-DIGIT ZIP CODE (Can be found on any subscriptions you receive, or call your local post office)**
- **TERMINATION LETTER FROM YOUR EMPLOYER (included)**
- **RETIREMENT DECLARATION (included)**
- **RETIREE MEDICAL WITHHOLDING CONSENT FORM (included)**

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

**PENSION PROCESSING STEPS**

1. Submit application and **ALL** applicable documents above. **COPIES ONLY. ORIGINALS WILL NOT BE RETURNED.** ALL AREAS ON THIS APPLICATION MUST BE COMPLETED OR THE FORMS WILL BE RETURNED TO YOU AND THIS WILL CAUSE A DELAY IN THE PROCESSING OF YOUR PENSION BENEFITS.
2. Approximately 1 month prior to your date of retirement, the Fund Office will send you your final pension election forms, 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.

**Milk Drivers and Dairy Employees Local Union No. 246  
of Washington, D.C.  
Pension Fund**

911 Ridgebrook Road  
Sparks, Maryland 21152-9451  
Telephone: (800) 730-2241  
[www.associated-admin.com](http://www.associated-admin.com)

8400 Corporate Drive, Suite 430  
Landover, Maryland 20785-2361  
Telephone: (800) 730-2241  
[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:

**Milk Drivers and Dairy Employees Local Union No. 246 of Washington, D.C. 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.) \_\_\_\_\_  
Attach proof of age.  
(Examples of accepted forms of proof on back)

6. Marital Status (Attach copy of marriage certificate, divorce or separation papers, or death certificate as applicable)  
 Married     Widowed     Divorced  
 Separated     Never Been Married  
If you are divorced, is there a Qualified Domestic Relations Order (QDRO) in place or pending?     Yes     No

7. Date of Retirement (Mo./Day/Yr.) \_\_\_\_\_

8. Are you working now?

No. Name of Last Employer \_\_\_\_\_  Full Time     Part Time

Yes. Name of Present Employer (s) \_\_\_\_\_  Full Time     Part Time

\_\_\_\_\_  Full Time     Part Time

9. Date on which you will cease or have ceased working. (Mo./Day/Yr.) \_\_\_\_\_

10. Type of Pension (Circle One):  
Normal, Early, Disability, 70 ½, Rule of 80, Deferred Vested  
If deferred vested, from what employer did you earn a pension?  
\_\_\_\_\_

11. Spouse's Name (Last, First, Middle) \_\_\_\_\_

12. Spouse's Birth Date (Mo./Day/Yr.) Attach proof of age. (See examples on back). \_\_\_\_\_

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

**DISABILITY SECTION**

14. 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 Award to this application. \*If no, you must receive an Award before further action can be taken.

**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 of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

(OVER)

## INSTRUCTIONS FOR PREPARATION OF APPLICATION FOR PENSION

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

**Numbers 5 and 12.** Proof of age must be furnished as high in order on the list as possible. Additional proof of age will be requested by us if the document you submit is not convincing proof. You must attach a photostatic copy of proof of age, except that you are cautioned that naturalization papers, United States passports, and immigration papers may not be photostated. If any of these is the only proof of age you have, submit the original and it will be returned to you. If you do not have any of the documents below, contact the Fund Office for further instructions.

- A. Birth certificate
- B. Baptismal certificate or statement as to date of birth shown by church record, certified by custodian of such record.
- C. Notification of registration of birth in a public registry of vital statistics.
- D. Hospital birth record, certified by custodian.
- E. Document showing approval of Social Security pension.
- F. Foreign church or government record.
- G. Naturalization record, original only.
- H. Immigration papers, original only.
- I. Military record.
- J. Passport, original.
- K. School record, certified by custodian.
- L. Marriage record showing date of birth or age (application for marriage or church record, certified by custodian, or marriage certificate).

**Number 7.** The first day of the month following the last day that you physically worked, as entered in number 9.

**Number 8.** You must check yes or no, full time or part time. If yes, enter the name of your current employer(s). If no, the name of your last employer.

**Number 9.** The last day that you physically worked. Does not include vacation days, personal holidays, etc.

**YOU MUST SIGN AND DATE THE APPLICATION FORM.  
THE APPLICATION MUST BE WITNESSED BY A PERSON OTHER THAN YOUR BENEFICIARIES.**