

**LOCAL 731, I. B. of T. EXCAVATORS AND PAVERS  
PENSION FUND**

1000 Burr Ridge Parkway  
Burr Ridge, Illinois 60527  
Telephone: 630.887.4150  
Fax No.: 630.887.4155

**LOCAL 731 SEVERANCE AND RETIREMENT PLAN BENEFIT  
APPLICATION FORM**

Please read the entire application form carefully before answering any questions. Please type or print your response to the requested information below. If you have any questions regarding the application form, you may contact the Fund Office at the number listed above and someone will be happy to assist you with completing the form.

Name: \_\_\_\_\_  
                                 Last  First  Middle

Address: \_\_\_\_\_  
                                 Street  City  State                                Zip

Phone: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_

If Married, Please Complete:

\_\_\_\_\_

Spouse's Name	Spouse's Date of Birth	Date of Marriage
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The Teamsters Local Union No. 731 Severance and Retirement Plan provides a benefit to its participants upon the earlier of the participant's termination of employment, the participant's retirement, or the participant's death. Please indicate below which of the following circumstances applies to you:

**If you are age 62 or older:**

\_\_\_\_\_ I am or will be retired from all employment with any employer.

Date you retired or intend to retire: \_\_\_\_\_.

\_\_\_\_\_ I am a 5% owner of an employer obligated to submit contributions to the Local No. 731 I.B. of T. Excavators and Pavers Pension Fund. In the previous calendar year I turned age 70½ and pursuant to the terms of the Teamsters Local 731 Severance and Retirement Plan and the applicable provisions under the Internal Revenue Code, I am considered retired as of April 1 of this year.

**If you are not yet age 62:**

\_\_\_\_\_ I have not been employed by any employer for at least one-hundred eighty (180) days and all seniority rights I may have under the applicable collective bargaining agreement, if any, have expired.

Provide the last date when you were employed: \_\_\_\_\_

\_\_\_\_\_ I have experienced a layoff in excess of twelve (12) consecutive months and during that time I have not been employed by any employer.

Provide the last date you were employed by any employer: \_\_\_\_\_

Provide the name of your last contributing employer: \_\_\_\_\_

The statements in this Application are true to the best of my knowledge and belief. I further understand that if this Application contains a false statement of any material fact affecting my eligibility for the benefit, this Application may be disapproved. I acknowledge and agree that the Trustees have the right to recover any payments made to me on the basis of a false statement contained in this Application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date