



IBEW Local No. 236

Health and Benefit Fund, Annuity Fund, and Pension Fund

DISABILITY TERMINATION ANNUITY APPLICATION IBEW LOCAL UNION No. 236 ANNUITY FUND

Date Received: _____

Name of Participant _____ SS# _____
D.O.B: _____ Contact #: _____

Eligibility: If you are not yet age 55 and become so disabled that you are awarded a New York State disability benefit, a Worker's Compensation benefit, or a Social Security disability benefit you are eligible (with the consent of your spouse) to receive a disability annuity. **The benefit is paid in the following two instances as quoted from the Summary Plan Description (SPD) (p9):**

1. If you have been awarded a Social Security disability benefit, with your spouse's consent, you may elect the same optional forms available to a normal annuitant, and the amount of the disability annuity is the same as the normal annuity.
2. If you have not been awarded a Social Security disability benefit but have been awarded either a New York State disability benefit or a Workers' Compensation benefit, the disability annuity is a weekly benefit.

Available benefit (Choose one) - weekly (\$50.00 - \$75.00 - \$100.00 - \$200.00 - \$300.00 - \$400.00) enter here _____
Period covered: _____ total # weeks applied for = _____

Weekly amount x total # weeks = Total amount applied for \$ _____

Proof for claim: W/C NYS Disability SSA

NOTE:

- Application must be completed in full, dated, and signed.
- If applicable, *spousal consent* must be dated, signed, and photo ID on file.
- This is an eligible rollover distribution and a potential taxable benefit. Choose payment method:
 I wish to have this paid directly to me. I realize that 20% will be withheld and remitted for federal withholding taxes per IRS publication 15A. Generally, this disbursement will also be subject to an additional 10% tax at year end if the participant has not yet reached 59.5 years old or does not meet other criteria for exemption.
 I wish to have this paid as an *eligible rollover distribution*, in the form of a *two party check* payable to me and the qualified IRA or other qualified investment Plan whose qualification letter is attached.
This distribution constitutes a direct reduction against your balance and this amount will not be eligible for any allocations at the next Valuation Date. If you were to leave this amount in the Fund, it would be eligible for the allocation, which could be either positive or negative, based upon the results of operations through the end of the period. (Spousal approval required at onset of each benefit option)

Participant's signature _____ Date _____

Spouse's consent (if applicable) _____ Date _____

Return completed form to: IBEW Local 236 Annuity Fund; 3000 Troy-Schenectady Road; Schenectady, NY 12309

It is a Federal Crime to file a false application for benefits. In addition, if you file a false application for benefits, you may forfeit your coverage under the plan.

Processed by: _____	Paid: Amount: _____	Date: _____	Ck: _____
Comments: _____			Reviewed by: _____