

**UNITED FOOD AND COMMERCIAL WORKERS UNION AND
PARTICIPATING FOOD INDUSTRY EMPLOYERS
TRI-STATE PENSION FUND**

Request to Retire Application

I, _____, request an application for pension benefits
(Print Name)

beginning _____.
(NOTE: Your Retirement Date must be the 1st of the month AND 2 months from receipt of this form.)

INFORMATION

Social Security Number: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Local: _____

Current Employer: _____ Last Day of Employment: _____

Spouse's SSN: _____ Spouse's Date of Birth: _____

CERTIFICATION

I understand that I may be eligible to receive Retiree Health & Welfare ("H&W") benefits depending on my Local Union membership and IF I meet eligibility requirements. For example, to be eligible as a Local 1776 member, I must retire from active employment, have at least 10 years full-time service with a Contributing Employer, and begin collecting a pension from a Food Industry Employer upon my retirement. I understand each Local Union may have its own eligibility requirements and I will contact my Local's H&W office BEFORE retiring to determine if I am eligible for retiree H&W benefits.

Participant Signature

Date

IF YOU ARE AN ACTIVE EMPLOYEE, THIS PORTION MUST BE FILLED OUT BY YOUR
MANAGER:

Employee's Last Day of Work

Manager's Signature

Please Note: Once your Request to Retire Form is received by the Fund Office, a 7-page application will be mailed within 7-10 business days.

This form was downloaded from the Tri-State Pension Fund website.