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2/1/21

UFCW Local One Pension Fund

APPLICATION FORM (Part 1)

- - ( )

PRINT NAME OF PARTICIPANT SOCIAL SECURITY # PHONE #

ADDRESS:

CITY: ST: ZIP:

DATE OF BIRTH:  / /  ***(You MUST attach proof of age)***

EMAIL: REQUESTED PENSION EFFECTIVE DATE: / /

MARITAL STATUS:  Never Married   Married  Widow/Widower  Divorced/Legally Separated

***IF MARRIED, PLEASE ATTACH A COPY OF YOUR MARRIAGE CERTIFICATE AND COMPLETE THE FOLLOWING:***

SPOUSES NAME: ` SPOUSES SOC. SEC # - -

SPOUSES DATE OF BIRTH: ` / / DATE OF MARRIAGE:  / /

***(You MUST attach proof of age)***

**DISABILITY PENSION**

ARE YOU APPLYING FOR A DISABILITY PENSION?  YES  NO *(If YES, please complete the following)*

NATURE OF DISABILITY:

HAVE YOU RECEIVED YOUR SS DISABILITY AWARD LETTER? ? YES NO ***(If YES, you MUST attach a copy)***

DATE DISABILITY OCCURRED: / / DATE YOU CEASED WORKING: / /

**PARTICIPANT AUTHORIZATION**

***SIGNATURE OF PARTICPANT*** ***DATE***

RETURN FORM TO: UFCW LOCAL ONE – Pension Department - 5911 Airport Road – Oriskany NY 13424

PHONE: 1-800-697-8329 FAX: 315-797-0223

**FOR OFFICIAL USE ONLY**

The following required documents have been received:  Participants Proof of Age  Spouse’s Proof of Age (*If applicable*)

 Marriage Certificate (*If Applicable*)  Social Security Award Letter (*If Applicable*)

Date Received by the Fund: / /