

PENSION - VACATION - ANNUITY
PHONE # 631-739-0020

PLUMBERS LOCAL UNION NO. 200
FRINGE BENEFIT FUNDS
2121 5TH AVENUE, RONKONKOMA, N.Y. 11779
FAX # 631-739-0022

WELFARE
PHONE # 631-739-0021

To the Board of Trustees:

I intend to commence pension benefits under the Pension Plan of Plumbers Local # 200 Pension Fund, (hereinafter, "Plan"). Please compute the amount of pension payable to me under the options in the Plan.

APPLICANT INFORMATION

Type of Retirement:

_____ NORMAL

_____ DISABILITY

_____ EARLY

_____ COMMENCEMENT OF
DEFERRED VESTED BENEFIT

Name _____ Date of Birth _____

Address _____

Phone _____ Social Security Number _____

Date of Initiation _____ Date of Retirement _____

Marital Status: _____ Married _____ Single _____ Divorced _____ Widowed

Name of Spouse _____ Date of Birth _____

Proof of age for you and if applicable, your spouse, acceptable to the Board of Trustees such as Birth Certificate, Baptismal Certificate, Passport, School Records or Insurance Policies must be submitted with this request along with a copy of your Marriage Certificate, if applicable.

Signature _____ Date _____

Robert Ruggiero, Co-Chairman
John Botto, Trustee
Dominick D'Elia, Trustee
Louis Maccarone, Trustee

Danny Grodotzke, Co-Chairman
Richard P. Brooks, Trustee
Mario Mattera, Trustee
Arthur M. Gipson, Trustee

Frank J. Pellegrino, Fund Administrator