



# IUE-CWA Pension Fund

1460 BROAD STREET  
BLOOMFIELD, NJ 07003  
(973) 893-0333 phone (973) 893-8225 fax  
www.iuepension.org

## Application for Pension Benefits under the Pre-Retirement Survivor Benefit for **Spouse**

Form Date 2/28/01

**Deceased Participant Information**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_  
Employer \_\_\_\_\_ Last date of employment \_\_\_\_\_

**Information of Spouse Applying for Benefits**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Telephone (\_\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Date of Marriage to Participant \_\_\_\_\_

**Required Documentation**

I understand that I am required to provide the following documents to determine my eligibility for benefits.

- Participant's Birth Certificate (Copy),**
- Participant's Original or Certified Death Certificate,**
- Marriage Certificate (Copy), and**
- Spouse's Birth Certificate (Copy)**

**The following section must be witnessed by two adults not related to the applicant.**

I acknowledge receipt of a copy of the IUE-CWA Pension Fund Summary Plan Description. I have read the Plan provisions and hereby apply for benefits under the Pre-Retirement Survivor Benefit to begin on the first day of \_\_\_\_\_.

Month Year

I agree that pension eligibility and payments are to be governed in all respects by the provisions of the Pension Plan, or as the same may hereafter be amended, and that the making of any pension payment and its acceptance by me shall not prevent the Trustees from recovering or in any other way affect their right to recover any payment to me in excess of the amount to which I am entitled under the provisions of the Plan, nor shall the making of any pension payments to me obligate the Trustees in any way to make any further payments in any amount whatsoever, except as the same may be provided for by the Plan, as it may from time to time be amended.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

1st Witness \_\_\_\_\_ Address: \_\_\_\_\_

2nd Witness \_\_\_\_\_ Address: \_\_\_\_\_

**The Application should be sent to the Fund office at the address above by either registered or certified mail.**