

Northern Illinois Annuity Fund

Physical: 7525 SE 24th St, Ste 200, Mercer Island, WA 98040

Mailing: PO Box 34203, Seattle, WA 98124

Phone: (206) 441-7574 or (800) 732-1121

Fax: (206) 505-9727

Website: www.niannuityfund.com

Administered by
Welfare and Pension Administration Services, Inc.

BENEFIT APPLICATION

Please read this application carefully before answering any questions. Print your answers to all questions, which apply to you. If any part of this application is not entirely clear, do not hesitate to contact the Plan Administrator's Office for assistance. **Be sure to sign and date the back of this form.**

1. NAME _____
(Last) (First) (Middle)

2. ADDRESS _____
(No. and Street) (City) (State) (Zip Code)

3. TELEPHONE NUMBER _____ BIRTHDATE _____

4. SOCIAL SECURITY NUMBER _____

5. HAVE YOU SERVED IN THE MILITARY SINCE 1994? IF, YES – DATE ENLISTED _____
DATE DISCHARGED _____

6. CHECK ALL OF THE FOLLOWING THAT APPLY TO YOU:

a. I am age 62 or older. Please attach proof of age to this form. *(See Instructions Regarding Proof of Age)*

Complete SECTION D on the back of this form

b. I am or soon will be retired from the Construction Industry.
Complete SECTIONS A and D on the back of this form.

c. I am totally and permanently disabled.
Complete SECTIONS B and D on the back of this form.

d. To the best of my knowledge, there have not been any contributions made on my behalf for at least 12 consecutive months and I am not currently employed by an employer that has a collective bargaining agreement, which requires contributions to be made to this plan for me.
Complete only SECTIONS C and D on the back of this form.

7. a. Are you legally married at this time? Yes No (Check One)

b. If "yes", please complete the following:

SPOUSE _____
(Last) (First) (Middle)

SPOUSE'S BIRTHDATE _____ DATE OF MARRIAGE _____

If your account balance is over \$5,000.00, please attach proof of your spouse's age and your date of marriage to this application form.

SPOUSE'S SOCIAL SECURITY NUMBER _____

Are you considering or currently in the process of obtaining a divorce: Yes No

Were you previously married and divorced: Yes No If yes, what was the date? _____

Please provide a complete, certified copy of the Order, Agreement and/or Divorce Decree.

SECTION A

Date you retired or intend to retire _____

(To be retired you have to be receiving a Construction Industry pension benefit to which you are entitled.)

Will you receive a pension check from Central Laborers' Pension Fund? Yes No

If not, please attach a copy of your first pension check.

SECTION B

1. Date you became disabled _____

2. Nature of disability _____

3. Name and address of your doctor _____

Please attach medical evidence of your disability to this application form.

4. a. Will you receive a disability pension from Central Laborers' Pension Fund?

Yes No (Check One)

b. If "no" will you apply for social security disability benefits?

Yes No (Check One)

c. If "yes", attach a copy of the social security award.

d. If "no", indicate your future plans regarding your disability:

SECTION C

1. When did you last work as a covered employee under the jurisdiction of the Northern Illinois Annuity Fund?

(Indicate Month and Year) _____

2. Present Employer (if any) _____

3. Last Contributing Employer _____

SECTION D

FOR ALL APPLICANTS

I hereby apply for benefits from the Northern Illinois Annuity Fund. The above statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for benefits, and that the Board of Trustees shall have the right to recover any payments made to me because of a false statement.

Signature

Date

After completed forms are returned to the Plan Administrator's Office your application will be reviewed by the Board of Trustees and you will be notified in writing of the decision that is made on your application. The Plan Administrator's Office is located at PO Box 34203, Seattle, WA 98124.