

**Fabian & Byrn TPA, LLC**  
**Joint Pension Fund**  
**Local Union No. 164, IBEW**  
**425 Eagle Rock Avenue, Suite #105**  
**Roseland, NJ 07068**  
**(973) 228-4200**

**PENSION APPLICATION**

**INSTRUCTIONS:**

1. This application must be submitted **at least three months** prior to your effective date of retirement.
2. Please read each question carefully.
3. Print all information.
4. Be sure to answer all applicable questions. This will avoid delay in having your application processed.
5. Be sure to **sign** and **date** the application before returning it to the Fund Office.
6. Attach additional sheets if you need more space to answer any questions.
7. Visit <http://www.ibew164.org> for the Pension Summary Plan Description (SPD)

**PERSONAL DATA:**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Attach proof of age)

Local Union No. \_\_\_\_\_ Card No. \_\_\_\_\_

Phone No. \_\_\_\_\_

**TYPE OF PENSION:**

If eligible, I want to retire on a (check one):

- Regular Pension       Early Pension       Deferred Pension       Disability Pension

Last day you worked or plan to work \_\_\_\_\_

What is your intended date of retirement \_\_\_\_\_

**DISABILITY PENSION:**

If you are not yet 60 years of age and are applying for a Disability Pension, state:

Date you first became disabled \_\_\_\_\_

Nature of your disability \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the name of the doctor, or doctors who have treated you?

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Have you worked at all, at any occupation, since you became disabled?

Yes     No

If "Yes" describe work and periods of employment. \_\_\_\_\_

\_\_\_\_\_

Have you applied for a Social Security Disability Pension?             Yes     No

If yes, have you received a decision on your application yet?             Yes     No

If yes, has it been approved or rejected?     Approved     Rejected

**If it has been approved, please attach a copy of your Social Security Award to this application.**

**I.B.E.W. HISTORY:**

Give the date you first joined the I.B.E.W. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**(If you are not a member of Local Union #164, please submit proof in the form of a letter from the International Office).**

Since you first joined the I.B.E.W., have there been any periods when you withdrew membership?  Yes  No

If "Yes", state when and explain why: From \_\_\_\_\_ To \_\_\_\_\_

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**UNION HISTORY:**

Give the date you first worked under Local 164 contracts \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Since you first worked under Local 164 contracts, have there been any periods when you were not employed under Local 164 contracts?  Yes  No

From \_\_\_\_\_ To \_\_\_\_\_

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**MILITARY SERVICE:**

Have you ever served in the Armed Forces of the United States?  Yes  No

If "Yes", fill in the dates: Date entered: \_\_\_\_\_ Date discharged: \_\_\_\_\_

**(Attach a Photostat copy of evidence of separation from the Armed Forces, i.e., discharge papers, separation papers or the like.)**

**DISABILITY:**

Have you ever been disabled?  Yes  No

If "Yes", have you received:

Weekly benefits under the N. J. Temporary Disability Benefits Law.

Workman's Compensation Benefits.

If "Yes" to one of the above, please enter the dates: From \_\_\_\_\_ To \_\_\_\_\_

**POST-RETIREMENT GUARANTEED PAYMENTS:**

Are you currently married and/or have children?    Yes    No  
IF "Yes", please continue.

Name of current spouse \_\_\_\_\_ S.S.# \_\_\_\_\_

Name(s) of children \_\_\_\_\_ S.S.# \_\_\_\_\_

\_\_\_\_\_ S.S.# \_\_\_\_\_

\_\_\_\_\_ S.S.# \_\_\_\_\_

\_\_\_\_\_ S.S.# \_\_\_\_\_

**HUSBAND AND WIFE SPOUSE DESIGNATION:**

Name of spouse \_\_\_\_\_ S.S.# \_\_\_\_\_

Date of Marriage \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year  
(Attach Marriage Certificate)

Spouse's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year  
(Attach Birth Certificate)

I hereby apply for a pension from the Joint Pension Fund of Local Union #164, I.B.E.W. The above statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits and that the Trustees shall have the right to recover any payments to me because of a false statement.

SIGN HERE \_\_\_\_\_ DATE \_\_\_\_\_

**When you submit your application to the Pension fund, you will receive a letter acknowledging its receipt. If any further information is required, you will be notified.**