

IBEW Local 701 Fringe Benefit Office  
28600 Bella Vista Parkway, Suite 1110  
Warrenville, IL 60555-1600

**DEFINED BENEFIT PENSION APPLICATION**

Please read all instructions carefully. Print your answer to all questions. If you need help completing this application, please contact the Pension Fund Office.

---

1. Name \_\_\_\_\_

2. Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. Address \_\_\_\_\_  
Street City/Town State Zip

4. Phone Number (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

5. Applicant's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Last Month you were employed for at least 40 hours \_\_\_\_/\_\_\_\_.  
(month) (year)

Last Month you EXPECT to be employed for at least 40 hours \_\_\_\_/\_\_\_\_.  
(month) (year)

Date you Retired or plan to Retire \_\_\_\_/\_\_\_\_/\_\_\_\_

7. Are you married? \_\_\_yes \_\_\_no. If yes, please provide the following information.

Spouse's Name \_\_\_\_\_

Date of Marriage \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse's SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_

8. Type of Benefit applied for:

\_\_\_\_\_ Normal Retirement Benefits

\_\_\_\_\_ Disability Benefits

\_\_\_\_\_ Early Retirement Benefits

\_\_\_\_\_ Termination Benefits

\_\_\_\_\_ Deferred Retirement Benefits

---

**Please Include Participant and Spouse Birth Certificates along with a copy of your marriage certificate**

9. Upon what dates did you work in the Jurisdiction of Local #701, prior to June 1, 1971?

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

For whom did you work prior to June 1, 1971?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Upon what dates did you work in the Jurisdiction of Local #701, after June 1, 1971?

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

11. Have you ever been unable to work because of total disability? \_\_\_yes \_\_\_no

If yes, complete the following:

Cause of Disability \_\_\_\_\_

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

12. Have you ever been in the Military Service of the United States in time of war or emergency or pursuant to national conscription after 1961? \_\_\_yes \_\_\_no

If yes, give dates of service. From \_\_\_\_\_ to \_\_\_\_\_.

I am a member of I.B.E.W. Local # \_\_\_\_\_ Card number \_\_\_\_\_

Initiation date \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

As part of this application I attach documentary proof of age in the form of a Birth Certificate or certificate of Social Security Award or other document. I also authorize release of information as required or requested by or of the Trustees relative to this application for Benefits. I hereby certify that the information provided above is complete and true to the best of my knowledge.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**NOTE:** You must continue to pay your dues (yellow receipt) until you retire from the I.O., in order to keep the \$6,250.00 death benefit intact. In addition, failure to pay your dues will forfeit the I.O. pension.