



## **APPLICATION FOR SURVIVING SPOUSE BENEFITS INSTRUCTIONS AND INFORMATION**

This application must be completed in its entirety. Incomplete applications will be returned to you for completion delaying the start of your benefit. If you have not yet done so, you must submit a state certified death certificate. If the participant was not retired, you must also submit clear photocopies or state certified birth certificates for you and your spouse, as well as a clear photocopy or state certified marriage certificate. Copies submitted will not be returned to you. If you are to be considered a surviving spouse by virtue of a Qualified Domestic Relations Order (QDRO), you should submit a certified copy of that order in lieu of a marriage certificate. Benefits cannot begin without valid documents. If you do not have these documents, please contact our office at (202) 362-1000 for information about valid alternate documents.

You must also designate your beneficiary in Section 3. Benefits will not begin without a designation of beneficiary.

Finally, the application must be signed, witnessed and dated. The witness may be any individual other than yourself. Applications that are missing signatures will be returned to you delaying the start of your benefit.

### **SURVIVING SPOUSE'S BENEFIT ELIGIBILITY**

If you are the surviving spouse of a deceased participant in the Central Pension Fund, you may be eligible to receive a surviving spouse benefit. Upon our receipt and review of your application, we will notify you in writing of our eligibility determination, if we have not previously done so. If you are determined eligible of a surviving spouse benefit, you will also be advised of the various types of benefit for which you are eligible, so you can select the type of benefit you desire.

For further information, please see the Summary Plan Description entitled *A Guide to Your Benefits*. If you do not have a copy, it should be available at the deceased participant's Local Union office. In addition you can write our office at 4115 Chesapeake Street, NW, Washington, DC 20016-4665 and request a copy. You may also telephone our office with any questions you may have about this application at : (202) 362-1000. Our normal business hours are Monday through Friday 7:30 a.m. through 4:00 p.m. Eastern time. Our fax number is (202) 364-2913.

### **BENEFICIARY DESIGNATION**

If your named beneficiary does not outlive you, payment of any benefits due at your death will be made in the following order of preference to: (1) Your Spouse; (2) Your surviving children; (3) Your surviving parents; (4) Your surviving brothers and sisters; (5) Executor or administrator of your estate. If any of the surviving children are minors, payment will be made in the care of the appointed legal guardian or in the absence of such appointment, to such adult or adults as can be shown to have assumed custody and principal support of such minors.

### **FEDERAL WITHHOLDING TAX**

We are required by government regulation to inform you that the Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982 requires the payments you receive from the Central Pension Fund be subject to Federal Income Tax Withholding. Before you receive your first payment from the Central Pension Fund, we will advise you of your monthly benefit amount and provide you information and instructions concerning your current tax obligations (based only on those benefits from the Central Pension Fund).

**APPLICATION FOR SURVIVING SPOUSE BENEFITS**  
**To Be completed by the Surviving Spouse**  
**(PLEASE PRINT OR TYPE)**

To the Board of Trustees:

I hereby apply to the Board of Trustees for a surviving spouse benefit pursuant to and in accordance with the terms and provisions of the Central Pension Fund of the International Union of Operating Engineers and Participating Employers.

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**Section 1: Surviving Spouse's Information**

Name of Applicant: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**Section 2 : Deceased Participant's Information**

Name of Participant \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Date of Death: \_\_\_\_\_ Submit a state certified death certificate

**Complete the following only if the Participant was not retired at date of death:**

Last Day Participant Worked: \_\_\_\_\_ Local: \_\_\_\_\_ Union Register Number: \_\_\_\_\_  
Date of Marriage: \_\_\_\_\_ Submit clear photocopy or state certified marriage certificate  
Participant's Date of Birth: \_\_\_\_\_ Submit clear photocopy or state certified birth certificate  
Your Date of Birth: \_\_\_\_\_ Submit clear photocopy or state certified birth certificate

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**Section 3: Designation of Beneficiary**

DO NOT DESIGNATE YOURSELF AS BENEFICIARY

**I hereby designate as my Beneficiary in the event of my death:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

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**Section 4.: Signatures**

I hereby certify that I have read the summary Plan Description booklet and understand, in general, the Plan provisions. I also certify that the foregoing statements are accurate and complete, to the best of my knowledge and belief. I understand that a false statement may disqualify me from benefits and that the Trustees have a right to recover payments made to me because of a false statement. I also understand that the Trustees may require additional information before acting on this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Witness: \_\_\_\_\_ Date: \_\_\_\_\_

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY.  
INCOMPLETE FORMS WILL BE RETURNED TO YOU FOR COMPLETION, DELAYING THE START OF YOUR BENEFIT.