



Central Pension Fund of the International Union
of Operating Engineers and Participating Employers
4115 Chesapeake Street, N.W., Washington DC 20016
Tel: (202) 362-1000 Fax: (202) 364-2913

**AFFIDAVIT OF PARTICIPANT IN SUPPORT
OF APPLICATION FOR DISABILITY BENEFITS**

I _____, SSN# _____, first being duly sworn upon my oath,
state as follows:

1. That I am applying to receive disability benefits from the Central Pension Fund of the International Union of Operating Engineers and Participating Employers (Central Pension Fund).
2. That current Plan provisions require that I must first receive an award of disability benefits from the Social Security Administration, in order to be considered eligible to receive a disability benefit from the Central Pension Fund.
3. That current Fund procedures generally provide that applicants for disability must furnish a copy of the Disability Report, SSA Form 3368-BK, they filed with the Social Security Administration, as well as furnishing other information necessary to demonstrate eligibility.
4. That I have attempted to obtain a copy of the Disability Report I filed with the Social Security Administration, but have been unable to do so.
5. That in order to obtain a copy, I contacted the Social Security Administration on the _____ day of _____, _____, and requested a copy of my Disability Report. The name, address and telephone number of the person I contacted is as follows (please print):

Name _____

Address _____

City/State/Zip _____

Area Code Telephone Number _____

6. That I was advised a copy of this report is not available.
7. That in lieu of furnishing the Disability Report, Affiant states under oath that the medical condition which formed the basis of my receipt of an award of benefits from the Social Security Administration is the same medical condition described in Section 3 of the Attending Physician's Statement of Disability, which I am submitting in support of my application for disability benefits.
8. That I understand that this Affidavit is being considered by the Board of Trustees in determining my eligibility to receive disability benefits from the Central Pension Fund.

FURTHER AFFIANT SAYETH NOT.

Subscribed and sworn to before me this _____ day of _____, _____.

NOTARY PUBLIC
My Commission Expires: _____