

SHEET METAL WORKERS' LOCAL 10 PENSION FUND

1681 East Cope Avenue, Suite B
Maplewood, MN 55109-2631

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Fax (651) 770-1351

PART X - Disability Retirement Declaration

Name: _____ SS#: _____

Date of Retirement _____

In retiring on a Disability Pension from the Sheet Metal Workers' Local 10 Pension Plan, I declare that I will be bound by all the provisions of the Pension Plan, and that:

1. I will submit to periodic medical examinations in accordance with the directions of the Trustees up to the time I reach age 62.
2. I understand that the Trustees are the sole and final judges of total and permanent disability and of my entitlement to Disability Pension Benefits under the rules and regulations of the Plan.
3. I agree to report to the Board of Trustees, in writing, within 15 days after the end of the month in which I received **any** earnings from employment or gainful pursuit, the amount of such earnings for the month, the company for whom I performed the work, and the nature of the work I performed. I recognize that engaging in any employment in the construction industry will cause a reduction in my Disability Benefit in excess of the "Base Amount". The Base Amount is calculated by multiplying the journeymen's average hours by the base wage specified in the Collective Bargaining Agreement as of the last day of the prior Plan Credit Year. Since this Base Amount may change, I understand that I must call the Fund Office for the current calculation of the Base Amount and any reduction in my Disability Pension.
4. I understand that I may be disqualified for benefits for up to six (6) additional months for failure to make timely reports.
5. I understand that, when I am no longer totally disabled, I may apply for an Early Retirement Pension, and, if eligible for same, it shall become effective as of the month immediately following the month in which the Disability Pension terminates.
6. In addition to regular income tax, my disability pension benefits may be subject to other taxes and penalties. I understand that I should seek the advice of my tax adviser to understand the taxes I must pay.

Date

Signature