

TEAMSTERS LOCAL 639 – EMPLOYERS HEALTH FUND

PO BOX 99489
Troy, MI 48098-9998



(202) 636-8181
(800) 983-2699 - Phone
(202) 526-7959 – Fax

PENSION APPLICATION PROCESS

APPLICATION REQUIREMENTS:

1. You should file your application approximately two (3) months prior to your intended retirement date. *By law, you may apply as early as 180 days (or six-months) prior to your intended retirement date. Applications that are not completed within 180 days will be stale-dated and you will have to reapply.*
2. You should submit birth and marriage documents with your application. We require original or notarized copies of these documents. Original documents will be returned by certified mail.
3. Your pension effective date will be the first of the month following the month that 1) your application has been received in the Fund Office or 2) you last day worked **whichever occurs last.**
4. Please note that your pension benefit is taxable income. We will provide you with a W-4P Federal Tax Withholding form to indicate your federal tax withholding. The Fund does not withhold state taxes. You must contact your local state tax office regarding payment of your state taxes.

EMPLOYMENT AFTER RETIREMENT:

1. Once payment is made (meaning you receive your first pension benefit payment by check or direct deposit), you cannot work in prohibited employment prior to Normal Retirement Age (age 60 or the 5th year of Plan Participation whichever occurs last).
2. If you retire on a 30 & Out Pension or when you attain Normal Retirement Age, you can work no more than 39 hours a month of prohibited employment.
3. You cannot work in any job classification (whether it's union, non-union or self-employed) that is covered under the Teamsters Local 639 Pension Plan.
4. Working in prohibited employment will cause your pension benefits to be suspended. Please contact the Fund Office to determine if your intended employment would be considered prohibited.

ELIGIBILITY REQUIREMENTS FOR RETIREE MEDICAL:

1. To be eligible for the Teamsters Retiree Medical Plan, a participant must attain age 55 and accrue at least 10 years of pension credit or accrue at least 25 years of pension credit and any age. (See attachment)

2. You cannot incur a one (1) year break in service of covered employment in the year prior to retirement.
3. If eligible, you must elect to participate in the Teamsters Retiree Medical Plan at retirement. If you do not elect to participate, you cannot enroll at a later date.
4. The Retiree Medical Plan currently has yearly deductibles and maximum limits for medical and prescriptions:
5. Once you become Medicare eligible, your Teamsters Retiree Plan will be secondary to Medicare. You must enroll in Medicare Part A, Part B and Part D.
6. Once you become Medicare eligible, you will no longer have prescription benefits from the Retiree Medical Plan. If you wish to continue Vision and/or Dental coverage, you will have to elect coverage for either or both and pay an additional premium for each. The Current Retiree Medical Plan Premiums are:

Age at Retirement	Retiree Medical
65 and older	\$173
60 - 64	\$419
59	\$461
58	\$503
57	\$544
56	\$587
55 and younger	\$629

The current Dental and Vision premiums for Medical eligible retirees are:

- Dental \$28.86 per person
- Vision \$ 3.61 per person

WORKING AFTER RETIREMENT – SUMMARY OF PLAN RULES

(The suspension of benefit rules are subject to Department of Labor Regulation, Title 29, Code of Federal Regulations 2530.203-3.)

1. MAY I CONTINUE WORKING AFTER I RETIRE ON A PENSION?

In general, you are expected to retire from the trade or industry to receive a pension. Working at the trade or in the industry after your pension starts may cause your pension to be suspended as well as additional penalties as explained below.

When you are under age 60, there are restrictions if you work anywhere: (1) for an Contributing Employer to this Plan; (2) for an employer that contributed to a Pension Fund which has a reciprocal agreement with this Plan; or (3) in any job classification the type of which is covered under collective bargaining agreements between Teamsters Local 639 and contributing employers to this Pension Fund. This type of work is disqualifying regardless of whether it is union or non-union or whether the retiree is self-employed.

If you are age 60 or over and work in other types of employment outside the industry(ies) covered by the Plan, there is no restriction for you.

If you work on other types of employment, your pension will not be suspended no matter how much income you ear or how many hours you work.

2. WHAT TYPE OF WORK WILL CAUSE MY PENSION BENEFITS TO BE SUSPENDED?

When you are under age 60 and receiving a pension, you cannot perform any work anywhere, union, or non-union, in any job classification that is covered under any Collective Bargaining Agreement with Teamsters Local 639.

After your 60th birthday, you are allowed to perform up to 39 hours of work in the District of Columbia, Maryland or Virginia, which is covered by this Plan. This means any work of the type for which contributions were made to the Plan at the time you retired. You may not work as an employee or become self-employed in the union or non-union employment in the industry(ies) covered by the Plan for 40 or more hours in a month for which you received a pension. Work under 40 hours in a month or in a 4 of 5 week payroll period used by your employer instead of a calendar month is **NOT** disqualifying.

If you are not sure whether certain employment would be considered Disqualifying Employment by the Fund, you may request that the Trustees review the employment you are considering and that they advise you whether that employment would result in a suspension of your pension benefits. Such requests must be in writing.

3. WHAT HAPPENS IF I TAKE A JOB IN SUCH “DISQUALIFYING EMPLOYMENT” WHILE I AM RECEIVING A PENSION?

When you are under age 60 and take a job in “Disqualifying Employment”, as described above, you lose your pension benefits for the months you work and **for 6 extra months.**

After age 60, the 6 month penalty does not apply, but you will lose your pension for the months you work for 40 or more hours.

You are required to notify the Fund Office in writing within 30 days after taking a job in Disqualifying Employment.

4. IF I FAIL TO REPORT A RETURN TO WORK, WHAT WILL HAPPEN?

The Trustees know that most members are honest and follow the rules. Retirees will be asked to sign a statement periodically that they are not working in Disqualifying Employment. Of course, if a retiree returns to work covered by the Plan, the Fund Office will receive reports from your employer.

You must notify the Plan in writing with 30 days after starting any work. If you do not, and you have worked in Disqualifying Employment, the Trustees may presume you have worked at least 40 hours in each month before you give notice that you have stopped, and the Trustees may automatically suspend your pension.

If a member is reported at work on a job not covered by the Plan, or if there is information provided from any source that you are working in Disqualifying Employment, the Trustees may automatically suspend your pension benefits based on two presumptions:

1. That you are working full-time, and
2. If you are working on a construction work, that you have been at the job site for as long as the contractor has been working at that site, and until you provide notice that you have stopped working.

Any problems will be corrected as soon as the employee provides satisfactory information about the actual employment.

5. IF MY PENSION IS SUSPENDED FOR MONTHS AFTER I HAVE RECEIVED PAYMENT FOR THOSE MONTHS, WHAT HAPPENS?

The amount you owe the Fund will be deducted from your pension when it starts again. From the initial resumed payment, 100% may be deducted, and 25% from each subsequent monthly pension check. This first check following suspension of your benefits will probably include payments for several months. The deductions will also continue again your spouse’s benefit after your death. Of course, the

Trustees can also bring a lawsuit against you to collect amounts which you owe to the Fund.

6. CAN I APPEAL IF MY BENEFITS ARE SUSPENDED?

Yes. You may appeal the suspension of your pension benefits in the same way that you appeal any other matter involving the Plan. A written request for review must be filed within 180 days of the Suspension of Pension Notice.

7. HOW DO I NOTIFY THE PLAN WHEN I HAVE STOPPED WORKING IN DISQUALIFIED EMPLOYMENT AND WANT TO RETIRE AGAIN?

You must notify the Fund Office in writing on a form provided by the Fund of the date you last worked in Disqualifying Employment. Your pension will resume for the month after you cease Disqualifying Employment but there may be a delay of up to 3 months before the first check arrives or longer if any penalty or deduction periods apply.

8. WILL I EARN ADDITIONAL PENSION CREDIT IF I RETURN TO WORK WITH A CONTRIBUTING EMPLOYER?

Yes, provided:

- a. you received credit for at least 700 hours during a calendar year,
- b. that the hours are worked no later than the calendar year in which you attained Normal Retirement Age, and
- c. your pension is based on less than 20 years of service.

Additional benefits will be calculated using the benefit levels and Plan rules in effect when you first retired. Any election you made when you first retired concerning your form of benefit will remain in effect.

Any reduction for early retirement when you first retired will be adjusted for months your benefit is suspended.

The reduction rate for early retirement will not change because of Plan improvements, or for service earned prior to your first retirement.

If you do not work for a Contributing Employer, you do not receive pension credit.

NAME: _____

SOCIAL SECURITY NO: _____

I understand that upon retiring on a pension from the Teamsters Local 639 – Employers Pension Trust, that I will be bound by the rules and regulations of the Pension Plan outlined in the Summary of Plan Rules as they new exist or are hereafter amended and that:

I MUST PERSONALLY ENDORSE EACH BENEFIT CHECK

Date I stopped working or plan to stop work: _____

Signature

Date

Please return one signed copy of this page to the Fund Office. Retain a copy for your records.

TEAMSTERS LOCAL 639 – EMPLOYERS PENSION TRUST

PENSION APPLICATION

INSTRUCTIONS: Please read all questions carefully and print all answers. Be sure to sign and date the application. Mail completed application to the Trust Fund Office with the proof of age for yourself, and if married, for your spouse, along with a copy of your marriage license. Must be originals or notarized copies.

Participant Name: _____	SSN: _____	DOB: _____	
Spouse Name: _____	SSN: _____	DOB: _____	
Address: _____			
City: _____	State: _____	Zip: _____	Phone: _____
E-mail Address: _____			

MARITAL STATUS

☐ Married If married, were you previously divorced ☐ Yes ☐ No

☐ Single ☐ Divorced ☐ Widowed ☐ Common Law

Date of Marriage: _____ **Date Divorced/Widowed:** _____

(If Divorced, you must provide a copy of your Divorce Decree; if Widowed, please provide a copy of your spouse's Death Certificate.)

TYPE OF PENSION FOR WHICH YOU ARE APPLYING:

- 1. **NORMAL (age 60 or over)** ☐
- 2. **EARLY (age 50-59)** ☐
- 3. **DISABILITY** ☐ Must have SSA Award
- 4. **30 AND OUT** ☐ Must have 30 years of Pension Contributions
- 5. **25 AND OUT** ☐ Must have at least 25 years, but less than 30 Years of Pension Contributions
- 6. **RECIPROCAL** ☐ With other Teamster Pension Funds

(If Disability, you must have a Social Security Disability Award; please submit copy with application.)

LOSS OF TIME INFORMATION

Have you applied for or are you currently receiving Loss of Time Benefits from the Teamsters Local 639-Employers Health Trust? ☐ **Yes** ☐ **No**

ARE YOU MEDICARE ELIGIBLE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IS YOUR SPOUSE MEDICARE ELIGIBLE	<input type="checkbox"/> YES	<input type="checkbox"/> NO

EMPLOYMENT INFORMATION

1. First Year of Employment in Trucking Industry: _____
2. Last Day Worked or Intend to Work in **Local 639**: _____
3. Last Employer in **Local 639**: _____
Address: _____

City State ZIP Telephone

4. Previous Employers in **Local 639**:

Name of Employer	Approximate Dates of Employment	
	From	To

OTHER PENSION PLANS

Complete the following if you have been a participant in any other Pension Plan:

Pension Plan	Local Union	From/To	Employer	Type of Work

CERTIFICATION

I hereby apply for a pension benefit through the Teamsters Local 639-Employers Pension Trust.
The above statements are true to the best of my knowledge and belief.

Date

Signature of Applicant

Date

Witness

Your Pension Application will be processed as promptly as possible. You will be contacted if further information or proof is required, and you will be notified in writing of the decision on your application.

You may submit your application by mail to the **address above** or you may drop it off at the Fund Office at 3130 Ames, PI, NE, Washington, DC, Monday thru Friday from 9 AM until 5 PM.

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AUTHORIZATION FOR DIRECT DEPOSIT OF PENSION BENEFITS

I, the Participant, authorize the TEAMSTERS LOCAL 639 – EMPLOYERS Pension Trust and the designated Bank to automatically deposit my Pension benefit to my bank account each month. If funds to which I am not entitled are deposited to my account, I authorize the TEAMSTERS LOCAL 639 Pension Trust to direct the Bank to return said funds. This authority will remain in effect until I have cancelled it in writing.

I understand that the TEAMSTERS LOCAL 639 Pension Trust will require periodic verification of my signature. I will cooperate fully in meeting these requirements.

If this is a joint or tenant in common account with any other person including but not limited to my spouse, the Participant and any other such signatory agree to hold harmless, release, waive and forever discharge the TEAMSTERS LOCAL 639 Pension Trust with respect to any use, alienation or hypothecation by such other person, of funds deposited by the TEAMSTERS LOCAL 639 Pension Trust. The Participant and any other such signatory further agree and recognize that the direct deposit of the Participant's Pension Benefit to the designated account confers no rights or privileges either contractual or by operation of law to any joint account holder or tenant in common in such account and such other signatory further agrees to the immediate notification to the TEAMSTERS LOCAL 639 Pension Trust and termination of such direct deposit on the death of the Participant.

☐ **PLEASE CHECK HERE IF THIS IS AN ADDRESS CHANGE FOR PENSION PURPOSES**

Your Name: _____
(Please Print)

Your Address: _____
No. Street

Your Social Security Number: _____

Your Telephone Number: _____
(Area Code)

Your Signature: _____ Date: _____

Joint Signature: _____ Date: _____
(If Applicable)

PLEASE SEE OTHER SIDE

THE FOLLOWING SECTION MUST BE COMPLETED BY YOUR BANK

The Bank hereby agrees to accept the direct deposit of the Participant's monthly Pension checks under the terms and conditions outlined on the front of this form. The Bank further certifies that the signatures of the participant and the joint account holder or tenant in common (if applicable) appearing on the front of this form is/are the true signature(s) of the person(s) named.

Bank Name: _____
(Please Print)

Bank Address: _____
No. Street
City State Zip

Account Name: _____

Account Number: _____

Type of
Account: _____

Transit
Routing Number: _____

Bank Officer: _____
(Please Print Name)

Title: _____

Signature: _____

Date: _____ Telephone: _____

Please return this form and direct any inquiries to:

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