

Los Angeles Hotel-Restaurant Employer-Union Retirement Fund

Telephone:
(800) 252-9117
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1200 Wilshire Blvd, Fifth Floor
Los Angeles, CA 90017

INITIAL APPLICATION FOR RETIREMENT – BENEFITS

Instructions:

Complete all requested information. Provide the documents indicated. From the information on this form and the documents requested, the Administrative Office will send to you a Benefit Election Form, which fully explains the benefit options and amounts available to you. On the Benefit Election Form, you will select the type of retirement benefit you will receive. Once you have made an election of benefit and that election has been approved, you may not at a later date change the type of benefit.

Your Retirement Benefits cannot be processed until the Benefit Election Form is completed and returned.

Name: _____ Local No.: _____ Date of Retirement: _____

Address: _____
Number Street City State Zip Code

Date of Birth: _____ Phone Number: _____ SSN: _____

Name of Last Employer: _____ Last Date Worked (in "Covered Employment"*): _____

* "Covered Employment" is employment performed by a participant or member for an employer in a job classification covered under the jurisdiction of UNITE HERE Local 11.

Status:

Single (Never Married) Single (Previously Divorced)

Widow/Widower (**Attach a copy of Spouse's death certificate**)

Married (**Attach a copy of marriage license**)

Name of Spouse: _____ Spouse's Date of Birth: _____

Divorced: If you have ever been divorced, attach a copy of final judgment dissolving marriage(s), division of community property with reference to pension benefits, interlocutory judgment and dates of marriage and separation. Include name, address and date of birth of ex-spouse(s).

Disabled: Are you Totally and Permanently Disabled at time of Retirement: Yes No Note: If yes, please submit a copy of your Social Security Disability Award with this application.

Have you ever worked within the Southern California area and participated in any Pension Program? Yes No If yes, please give the following information:

Name of Pension Plan: _____

Address of Pension Plan: _____

Dates worked under Plan: From: _____ To: _____
Month / Year Month / Year

The above statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for benefits.

Date: _____ Signature of Employee: _____

PLEASE ATTACH A BIRTH CERTIFICATE OR PROOF OF DATE OF BIRTH FOR SELF AND SPOUSE (IF MARRIED), ALONG WITH A COPY OF YOUR SOCIAL SECURITY CARDS FOR YOU AND YOUR SPOUSE AND MARRIAGE CERTIFICATE. (SEE ATTACHED FOR ACCEPTABLE FORMS OF DOCUMENTATION)

PROOF OF AGE

When filing an Application for Retirement Benefits at the Administrative Office of the Fund, you must provide evidence of your date of birth. One of the types of proof of age listed below must be furnished. Proof as high on the list as possible should be submitted. Any documents in a language other than English or Spanish must be translated before submitting. (Additional evidence of age may be required if the document submitted is not sufficient.)

A. Preferred Documents:

1. Birth Certificate.
2. Baptism Certificate, or a statement as to the date of birth shown in the church record certified by the custodian of such record.
3. Hospital birth record certified by the custodian of such record.
4. Citizenship or naturalization record.
5. Military records of discharge.
6. Passport.
7. Record of information obtained from the U.S. Census Department.
8. If you are currently receiving Social Security Old Age benefits, a statement from the Social Security Administration as to the date of birth they have established for you and certifying that you are a recipient of Social Security Old Age benefits.

NOTE: If you are filing for Disability Retirement Benefits, you must also submit an award from the Social Security Administration evidencing entitlement to Social Security Disability Benefits.