

INLAND

Refrigeration & Air Conditioning

RETIREMENT TRUST FUND

Declaration of Retirement, Disability, or Termination of Employment

Section 1—EMPLOYEE INFORMATION

Last, First, Middle Initial

Social Security Number (last four digits required)

Address

City, State, ZIP Code

Phone Number

Date of Birth

Section 2—PARTICIPANT DECLARATION (Please Select ONE option only):

Retirement On or After Age 65: I am age 65 or older and declare that I have terminated my employment or am terminating employment on _____ because I am retiring.

Early Retirement: I am age 55 or older, I have 10 years of service after February 1, 1965 or am vested in my benefits, and declare that I have terminated my employment or am terminating employment on _____ because I am retiring.

Disability: I am under age 65 and declare that I have terminated my employment or am terminating my employment on _____ because I am disabled, and I am receiving Social Security disability benefits. (Provide copy of Social Security Disability Award Letter).

Termination of Employment for Other Reasons:

I am under age 55, I declare that I have terminated employment and I have not worked in the Refrigeration Industry in any capacity within the territorial jurisdiction of the United Association of Journeymen and Apprentices of the Plumbing, Pipe Fitting, Sprinkler Fitting Industry for at least twelve (12) straight months following termination of employment. **OR**

I am age 55--64, I declare that I have terminated employment and (a) I have not worked in the Refrigeration Industry in any capacity within the territorial jurisdiction of the United Association of Journeymen and Apprentices of the Plumbing, Pipe Fitting, Sprinkler Fitting Industry for at least twelve (12) straight months following termination of employment, or (b) I applied for these benefits at least twelve months ago and am separated from service.

X _____
Signature

Date

