

RESILIENT FLOOR COVERING PENSION TRUST FUND

4160 Dublin Boulevard, Suite 100
Dublin, CA 94568-7756
(800) 782-0010 * Fax: (925) 833-7301
Email: Resilientinfo@hsba.com
www.resilientfloortrust.org



INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR RETIREMENT BENEFITS

Complete all pages of the application in its entirety. Please file the application promptly with the Trust Fund Office even though you may need more time to obtain some of the required attachments. Forward the necessary documents to the Trust Fund Office as soon as possible.

Your application cannot be processed without the following document(s):

- Copy of Proof of Identity (see instructions below).
- Copy of Proof of Identity for spouse and county issued marriage certificate if married in the US.
- If you are or have been divorced, legally separated, or had an annulment, you **MUST** submit the Final Judgment of Dissolution of Marriage, Legal Separation, or Annulment along with any other Property/Marital Settlement Agreement and/or Qualified Domestic Relations Order (QDRO) for **all** prior marriages **even if they occurred prior to your work under the Plan**. If you do not have these documents, you may obtain copies, for a fee, from the Superior Court in the county where your divorce was filed, Contact the Superior Court for more information.
- If you are widowed, please submit a photocopy of the death certificate.

INSTRUCTIONS CONCERNING SUBMISSION OF PROOFS OF IDENTITY

IMPORTANT: The Trust Fund will verify the identity of a Member and Spouse who submit a retirement application through one of the following methods:

- **Method 1:** Submit a copy of birth certificate(s) and a copy of Member and Spouse current and unexpired government issued photo identification (e.g. driver's license, military identification, or passport); or
- **Method 2:** Submit a signed and notarized application with:
Copy of Member and Spouse Birth certificates, or a copy of Member and Spouse current and unexpired government issued identification (e.g. driver's license, military identification, or passport); or
- **Method 3:** Submit an application **in person** to the Trust Fund Office with current and unexpired government issued photo identifications (e.g. driver's license, military identification, or passport) for both Member and Spouse.

IF YOU ARE UNABLE TO COMPLY USING THE ABOVE PROOF OF IDENTITY METHODS, PLEASE CONTACT THE ADMINISTRATIVE OFFICE FOR ASSISTANCE.

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APPLICATION FOR PENSION BENEFITS

PERSONAL DATA:

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

SOC. SEC. NO: ____/____/____ PRESENT LOCAL UNION: _____

TELEPHONE #: _____ DATE OF BIRTH: _____

MARITAL STATUS: _____

(If married, please attach a county filed marriage license/certificate.) Colorado recognizes common-law marriages;
Please provide necessary documentation.)

Never Married: ____ Married: ____ Divorced: ____ Divorced & Re-Married: ____ Widowed: ____

IF MARRIED, ENTER SPOUSE'S NAME: _____ (Attach proof of Identity.)

DATE OF BIRTH: ____/____/____ SOC. SEC. NO: ____/____/____

IF DIVORCED, PROVIDE:

FORMER SPOUSE NAME: _____ SSN: _____

DATE OF MARRIAGE: _____ DATE OF SEPERATION: _____

FORMER SPOUSE NAME: _____ SSN: _____

DATE OF MARRIAGE: _____ DATE OF SEPERATION: _____

IMPORTANT: If you have ever been divorced, you must submit a copy of your court filed Final Judgment of Dissolution of Marriage along with Property Settlement or Qualified Domestic Relations Order.

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RETIREMENT TYPE

- ☐ **REGULAR PENSION** - At least age 65 and has achieved Vested Status
- ☐ **SERVICE PENSION** - Age 62 with 45,000 hours of contributions
- Age 55 with 54,000 hours of contributions
- Any age with 60,000 hours of contributions
- ☐ **EARLY RETIREMENT PENSION** - At least age 55 with 10 years of credited service
- ☐ **INFORMATION ONLY** - ESTIMATED Date of Retirement

DATE YOU PLAN TO RETIRE: MONTH _____ YEAR _____

LAST DAY OF WORK: MONTH: _____ YEAR _____

UNION MEMBERSHIP:

During my career, I was principally employed as a _____
and have been a member at the following Local Unions:

CITY	LOCAL UNION #	Dates of Membership			
		FROM		TO	
		MONTH	YEAR	MONTH	YEAR
1.					
2.					
3.					

EMPLOYMENT HISTORY –

(The Last 5 Years of any type of Employment **MUST** Be Indicated)

NAME OF EMPLOYER	CITY	JOB TITLE OR CLASSIFICATION	DATES OF EMPLOYMENT				UNION NON- UNION
			FROM		TO		
			MONTH	YEAR	MONTH	YEAR	
PRESENT OR LAST EMPLOYER							
1							
2							
3							
4							
5							
6							
7							

IF YOU HAVE NOT BEEN EMPLOYED IN THE PAST 5 YEARS, KINDLY INDICATE BY CHECKING THE BOX: ☐

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Or /I am/ or was/ an Owner at _____
Name of Company To / From

Complete the section below for ALL periods of your work history during which you were out of the industry:

REASON		FROM		TO	
		MONTH	YEAR	MONTH	YEAR
Military Service (Attach Separation Papers)					
Illness or Injury (Supply doctor's name and address)					
Supervisory Employment					
	Employer /Position				
Employment outside Northern California & Northern Nevada: (Location)					
Worked in another industry or trade: (Type)					
Self-Employed:					
Please describe type of work performed during Self-employment					

If you are not retiring directly from Covered Employment, indicate your work status from your last date of Covered.

Employment to the present: _____

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PERIODS OF DISABILITY FOR DISABILITY CREDITS ONLY:

You may be entitled to credit for nonworking periods, due to disability. List below any periods of disability after your Contribution Date, which prevented you from working in the industry. Please contact the Trust Fund for more forms and information regarding Disability Credits.

Nature of Disability: _____

Period From: _____ to _____

Nature of Disability: _____

Period From: _____ to _____

MILITARY SERVICE:

You may be entitled to credit for non-working periods, due to military service. Complete the following if you served in the Armed Forces of the United States after January 1, 1940.

I served in the Armed Forces of the United States from: _____ to: _____
Month & Year Month & Year

I certify under penalty of perjury that all of the above statements are true and correct. I understand that a false statement may disqualify me for benefits, and that the Trustees shall have the right to recover any payments made to me because of a false statement.

All pensions must be applied for in writing and filed with the Trust Fund Office in advance of its effective date. If any further information is required, you will be advised. You will be notified in writing of the decision made by the Board of Trustees on your application. Generally, a Pension becomes payable on the first day of the month after the month in which the application is filed.

Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

GENERAL ACKNOWLEDGMENT – NOTARIZATION

(ONLY COMPLETE NOTARIZATION IF YOU ARE USING "METHOD 2" TO VERIFY YOUR IDENTITY.)

State of _____ County of _____

On _____, before me, _____,

Notary Public, personally appeared _____, and _____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and have acknowledged to me that they executed the same in their authorized capacities, and that by their signature on the instrument, the persons, or the entity upon behalf of which the persons acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary's Signature (Seal)