Please allow **at least 6 weeks** for processing your Disability Retirement Application. To apply for normal retirement benefits, please use the Normal Retirement Application.

DISABILITY RETIREMENT APPLICATION

ILWU-PMA PENSION PLAN ♦ ILWU-PMA WATCHMEN PENSION PLAN

1. Name:_____
   First **Middle** **Last**

   Local:_____ Registration Number:_____

2. Address:_____
   Street

   _____
   City **State** **Zip Code**

   Telephone Number: (_____) _____ Email: _____

3. Social Security No.:_____

   Birth date:_____ Age:_____

4. *(**NOTE:** This question does not apply to Watchmen.)* List all the periods during which you did not work in covered employment due to an industrial illness or injury arising out of employment in the longshore industry for which you received compensation in the form of state or federal workers' compensation (including third party suit settlement).

DATE OF DISABILITY	TYPE OF COMPENSATION RECEIVED	PERIODS FOR WHICH YOU RECEIVED COMPENSATION
_____	_____	_____
_____	_____	_____

5. WITH REGARD TO YOUR PRESENT DISABILITY:

   Name of doctor(s) treating you:

   Doctor_____ Address_____
   Telephone# (_____)_____
   Doctor_____ Address_____
   Telephone# (_____)_____
   (if more space is needed, attach separate piece of paper)

   (a) Do you grant permission for the trustees or their agents to contact your doctor(s) concerning your disability? YES ☐ NO ☐

   (b) Do you agree to undergo whatever medical examination the trustees may require?
   YES ☐ NO ☐

   (c) Have you received or are you currently receiving any type of compensation in connection with your present disability? YES ☐ NO ☐
   If "YES":

(over)

APPROXIMATE DATES

☐ Federal workers' compensation From_____ To_____

☐ State workers' compensation From_____ To_____

☐ California State Disability Insurance From_____ To_____

☐ ILWU-PMA Welfare Plan Weekly Indemnity Benefits From_____ To_____

6. Date you last worked as a longshoreman, ship clerk, walking boss/foreman, or watchman:

_____

SURVIVOR BENEFITS

In case of your death, your legal spouse may be entitled to survivor benefits. Please fill in the following information for future reference:

Current marital status: ☐ Legally Married ☐ Single (never married)
☐ Divorced ☐ Widowed

Attach a copy of marriage certificate, divorce decree, death certificate.

If legally married now, complete the following:

Spouse's full name _____

Spouse's Address **(if different from your address)** _____ **Street**

_____
City **State** **Zip Code**

Spouse's date of birth:_____

Spouse's Social Security No.:_____

IMPORTANT: The Benefit Plans office will notify you when your application is received. Contact the Plan office if notice of receipt of your application is not received within two weeks of the date your application is mailed.

I hereby certify that the above information is correct to the best of my knowledge and belief. I acknowledge that as of my Separation Date certified by the Trustees, I will be permanently separated from and permanently required to forego all employment under a longshore or watchmen industry Collective Bargaining Agreement, and that my name will be permanently removed from all longshore or watchmen industry registration lists.

_____

Signature Date

Mail, Fax, or Email to:
ILWU-PMA Benefit Plans
1188 Franklin Street, Suite 101
San Francisco, CA 94109

Fax: (415) 749-1321
Email: pension@benefitplans.org