

# Chicago and Midwest Regional Pension Fund

Physical Address: 7525 SE 24th Street, Suite 200, Mercer Island, WA 98040 • Mailing Address: PO Box 34203, Seattle, WA 98124

Phone: (206) 441-7574 or (800) 732-1121 • Fax: (206) 505-9727

Administered by  
Welfare & Pension Administration Service, Inc.

## APPLICATION FOR (NORMAL, EARLY, DISABILITY) RETIREMENT BENEFIT

To the Trustees:

In accordance with the provisions of the CHICAGO AND MIDWEST REGIONAL PENSION FUND, I, the undersigned, apply for a (Normal, Early, Disability) retirement benefit to be effective on \_\_\_\_\_ and do hereby submit the following information:

**Date**

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Spouse Date of Birth: \_\_\_\_\_

Spouse Soc. Sec. No. \_\_\_\_\_

Last Employer: \_\_\_\_\_ Last Month  
From Local 12 \_\_\_\_\_ Wk'd Local 12: \_\_\_\_\_

Marriage Date: \_\_\_\_\_

Date: \_\_\_\_\_  
Employee Signature

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## EVIDENCE OF DATE OF BIRTH

PLEASE SEND A COPY OF YOUR BIRTH RECORD

Name of Employee: \_\_\_\_\_

Evidence Submitted (**One** only):

|  |                          |
|--|--------------------------|
| Birth Certificate.....                   | <input type="checkbox"/> |
| Baptismal Certificate.....               | <input type="checkbox"/> |
| Extract from Family Record of Birth..... | <input type="checkbox"/> |

If none of the above is available, submit at least **Two** of the following:

|                                   |                          |
|-----------------------------------|--------------------------|
| a. Marriage Record.....           | <input type="checkbox"/> |
| b. Confirmation Record.....       | <input type="checkbox"/> |
| c. Census Record.....             | <input type="checkbox"/> |
| d. Birth Records of Children..... | <input type="checkbox"/> |
| e. Military Record.....           | <input type="checkbox"/> |
| f. Naturalization Record.....     | <input type="checkbox"/> |
| g. Passport.....                  | <input type="checkbox"/> |
| h. School Record.....             | <input type="checkbox"/> |
| i. Fraternal Record.....          | <input type="checkbox"/> |
| j. Hospital Record.....           | <input type="checkbox"/> |
| k. Motor Vehicle Record.....      | <input type="checkbox"/> |
| l. Voter's Record.....            | <input type="checkbox"/> |
| m. Insurance Record.....          | <input type="checkbox"/> |
| n. Professional Record.....       | <input type="checkbox"/> |
| o. Employment Record.....         | <input type="checkbox"/> |

Employee's Date of Birth: \_\_\_\_\_

or Age: \_\_\_\_\_

Evidence Examined and approved.

By: \_\_\_\_\_

Date: \_\_\_\_\_