

OPERATING ENGINEERS PENSION TRUST- **COMPLETE ONE SIDE ONLY**

HUSBAND-AND-WIFE **ELECTION** FORM

Under this Pension Plan your pension will be paid as a Husband-and-Wife Pension if you are married when you retire, unless you and your spouse reject that form of payment. The Husband-and-Wife Pension provides for a reduction in the monthly pension for the life of the Retired Participant. When the Retired Participant dies, the spouse will receive a lifetime pension equal to 50% of the amount that was being paid to the Retired Participant when he was alive.

If a Retired Participant receiving a Disability Pension dies before attaining age 45, payments under the Husband-and-Wife Pension will not be paid to his spouse until the first day of the month following the date that the Retired Participant would have reached age 45 had he lived.

If the Husband-and-Wife Pension is rejected, a higher monthly amount is paid to the Retired Participant while living with the guarantee that if the Retired Participant should die before receiving 120 monthly pension payments from the Plan, the remainder of the 120 monthly payments will be paid to the Retired Participant's surviving spouse or designated beneficiary (if there is no surviving spouse).

If you want the Husband-and-Wife Pension, complete the information requested below and sign this form. Please attach your spouse's proof of age and proof of your marriage.

If you do NOT want the Husband-and-Wife Pension, you and your spouse must sign the back of this form in front of a Notary Public. If you are not married, or cannot find your spouse, the back of this form still must be signed in front of a Notary Public.

Marital Status: Married____ Single____ (If single or divorced, complete only the back of this form.)

I have read the explanation above and:

1. I **do** want to receive my pension benefit in the form of a Husband-and-Wife Pension. Enclosed is proof of my spouse's age and proof of my marriage. I understand that once elected, this form of payment may not be revoked even if my spouse dies.
2. My spouse's name is _____
My spouse's Social Security Number is _____
My spouse's date of birth is _____
3. I have attached copies of my marriage certificate and my spouse's birth certificate.

Your Signature

Date

Your Social Security Number

PLEASE NOTE THAT DUE TO IRS REGULATIONS, THE LUMP SUM AT RETIREMENT PAYMENT CANNOT BE PAID WITH THIS TYPE OF PENSION. THE ACTUARIAL EQUIVALENT IS INCLUDED WITH YOUR MONTHLY PENSION PAYMENT.

-OVER-

HUSBAND-AND-WIFE PENSION **REJECTION** FORM

*****NOTE: YOU AND YOUR SPOUSE MUST BOTH SIGN AND HAVE THIS FORM NOTARIZED.*****

Employee's Statement

County of _____)
State of _____)

SS:

_____, being first duly sworn, says:
Print your name

I **do not** wish to receive my pension benefits in the form of a Husband-and-Wife Pension. I understand that rejection of this form of pension means that the Pension Plan will not pay benefits to my spouse for her lifetime after my death.

Check all applicable box (es):

I am not legally married at this time.

I am unable to locate my spouse. (Additional proof may be required if you check this box.)

The person co-signing this document below is my current legal spouse.

Employee's Signature

Employee's Social Security Number

Subscribed and sworn to me this

_____ Day of _____, 20_____

NOTARY PUBLIC

Spouse's Statement

County of _____)
State of _____)

SS:

_____, being first duly sworn says:
Print Spouse's Name

I am the legal spouse of the employee described above. I hereby consent to all of the statements made by my spouse above, including rejection of the Husband-and Wife Pension. I understand that because of my consent, I will not be paid a pension for my lifetime from the Plan after my spouse's death.

Spouse's Signature

Spouse's Social Security Number

Subscribed and sworn to before me on this

_____ Day of _____, 20_____.

OPERATING ENGINEERS PENSION TRUST

**REQUEST FOR ESTIMATE
OF HUSBAND-AND-WIFE PENSION**

Under this Pension Plan your pension will be paid as a Husband-and-Wife Pension if you are married when you retire, unless you and your spouse reject that form of payment. The Husband-and-Wife Pension provides for a reduction in the monthly pension for the life of the Retired Participant. When the Retired Participant dies, the spouse will receive a lifetime pension equal to 50% of the amount that was being paid to the Retired Participant when he was alive.

If a Retired Participant receiving a Disability Pension dies before attaining age 45, payments under the Husband-and-Wife Pension will not be paid to his spouse until the first day of the month following the date that the Retired Participant would have reached age 45 had he lived.

If the Husband-and-Wife Pension is rejected, a higher monthly amount is paid to the Retired Participant while living, with the guarantee that, if the Retired Participant should die before receiving 120 monthly pension payments from the Plan, the remainder of the 120 monthly payments will be paid to the Retired Participant's surviving spouse or designated beneficiary (if there is no surviving spouse).

Sign below if you want more information about the Husband-and-Wife Pension plus an estimate of your benefit under this option. Please attach your spouse's proof of age and proof of your marriage.

Marital Status: Married_____ Single_____

REQUEST FOR ESTIMATE

I **may** want to receive my pension benefits in the form of the Husband-and-Wife Pension. Please inform me of the amounts that would be due my spouse and me under this option.

I understand that when I receive this information, I will again have the chance to make a final election regarding the Husband-and Wife Pension.

My spouse's name is _____

My spouse's Social Security Number is _____

My spouse's date of birth is _____

Your Signature

Date

Your Social Security Number

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