



National Asbestos Workers Pension Plan

2010 N.W. 150th Avenue, Suite 200 | Pembroke Pines, FL 33028
Toll Free: (888) 352.0629 | West Coast Toll Free: (888) 987.0629
Fax: (954) 266.2079 | www.nebainc.com

Administered by:
NEBA
NATIONAL ASBESTOS WORKERS PENSION PLAN, INC.



RETIREMENT INTAKE FORM FROM PARTICIPATING LOCAL

INSTRUCTIONS: This form should be completed by the Business Manager or other representative of the participating Local Union of a member who would like a retirement estimate or who would like to start the retirement process.

Completion and submission of this intake form will direct the Fund Office to prepare the requested information. This completed form should be uploaded securely to the Pension Concierge team. Click [here](#) to access the secure upload form.

Request: Estimate Begin Retirement Process

I. MEMBER INFORMATION			
Full Name:		Social Security # (Last 4 Digits):	
Date of Birth:		Local Union #:	
		Union Book #:	
Type of Retirement Considering: <i>Check one box</i>	<input type="checkbox"/> Normal <input type="checkbox"/> Early <input type="checkbox"/> Late/Deferred		
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married	Sex:	
Has the member ever been divorced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, the terms stated in the divorce decrees(s) and/or the Marital Settlement Agreement(s) could affect the dollar value of pension benefit payable to the member.</i>	
Date First Employed:		Last Day Worked or Last Day to be Worked:	
Is the member working at the present time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of employer:	
Requested Effective Date of Retirement: <i>Provided the member has met all of the Plan's Rules and Regulations</i>			
Was the member's employment ever interrupted by disability, military, maternity or paternity leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	

II. SPOUSE INFORMATION FOR MARRIED MEMBERS			
INSTRUCTIONS: Complete the following section, if the member is married.			
Spouse's Full Name:			
Spouse's Social Security # (last 4 digits):		Spouse's Date of Birth:	

III. BENEFICIARY DESIGNATION

INSTRUCTIONS: Complete the following section **if the member is not married or if they wish to name someone other than their spouse as beneficiary.** This information is required because the Joint and Survivor benefit calculations are dependent upon the survivor's age.

Name of Primary Beneficiary: _____

Primary Beneficiary's Social Security # (last 4 digits): _____

Primary Beneficiary's Date of Birth: _____

IV. LOCAL UNION REPRESENTATIVE

Name of Local Union Representative Completing this form: _____

Date: _____

How would you like to receive the requested information?

Email: Email Address: _____

Regular Mail: Street Address: _____

City, State, Zip: _____

Please indicate if you would like NEBA to send the application packet or if the Local Union will provide it?

Local Union will provide the application packet.

Please send an application packet to the member's home address.

Street Address: _____

City, State, Zip: _____

Do you/your Local need additional pre-printed Pension Fund forms?

- Yes, please send the following:
 - Retirement Intake Form from Participating Local (this form)
 - Application for Retirement Benefits Packet (six page document)
 - Certification of Marital Status Form
 - Mandatory Direct Deposit Form
 - Authorization for Insurance Contribution Deduction Form
 - Summary Plan Description Booklet

**You can always email your request for additional pre-printed forms or SPDs to pension@secure.neba-fl.com