

# **Insulators and Allied Workers National Pension Fund**

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



To:RetireesFrom:Administrative ManagerRe:Suspension of Benefits

Enclosed, please find a notice which outlines the Suspension of Benefit Rules for the Insulators and Allied Workers National Pension Fund. Please review this notice carefully and acknowledge your understanding of these rules by completing and returning the enclosed acknowledgement form.

Please return the completed acknowledgement form to NEBA no later than September 30, 2024. If we do not receive your completed form by the deadline, your pension benefits will be held until NEBA receives the form.

A self-addressed envelope has been provided for your convenience in returning the completed form via mail. You may also submit the form electronically, as follows:

- via email to pension@nebainc.com
- via fax at 954-266-2079
- via secure upload at <a href="https://www.nebainc.com/send-secure-file/">https://www.nebainc.com/send-secure-file/</a>. (Select Retirement Claims department from the drop down menu of recipients.)

Should you have any questions or concerns, please do not hesistate to contact the Insulators and Allied Workers National Pension Fund Concierge Team at <a href="mailto:pension@nebainc.com">pension@nebainc.com</a> or by phone at (888) 352.0629 / (888) 987.0629 for West Coast members.

Sincerely,

Pension Plan Concierge Team Insulators and Allied Workers National Pension Fund

## NOTICE REGARDING SUSPENSION OF BENEFITS RULES

I understand that under certain circumstances, pension benefits provided under the Insulators and Allied Workers National Pension Fund may be suspended or withheld. When payments resume will depend upon the reason they were suspended.

### > If I do not provide the Fund Office with requested information.

I understand that each year after I retire the Plan's Administrative Manager will ask me to fill out a form, and that the Plan needs this information to make sure that I am still eligible to receive pension benefit payments. I understand that I must complete this form and return it before the deadline shown on the form and that if I do not return the form on time, my pension payments will be held until the Administrative Manager receives the form.

If I am receiving Accident and Sickness Benefits from the Insulators and Allied Workers National Medical Fund. I understand that I cannot receive Accident and Sickness benefits from the Insulators and Allied Workers National Medical Fund or any other insulation industry or construction trade welfare plan and pension benefits from this Plan at the same time. I further understand that in any month that I receive such Accident and Sickness benefits I will not be entitled to pension payments from the Insulators and Allied Workers National Pension Fund.

## > <u>"Prohibited Employment" – In General.</u>

I understand that under certain circumstances my monthly pension benefit may be suspended if I return to work after I retire. I further understand that the Plan's Suspension of Benefit Rules vary depending on whether I return to work before Normal Retirement Age or if I return to work after Normal Retirement Age; the type of employment that may constitute Prohibited Employment (which may result in the suspension of my monthly pension benefit) varies depending on whether or not I've reached Normal Retirement Age.

#### Prohibited Employment Before Normal Retirement Age.

I understand that Prohibited Employment before Normal Retirement Age is employment or selfemployment that is:

- ➢ In the same industry of the type in which employees covered by this Plan were employed and accruing benefits under the Plan at the time my pension began, and
- In the same trade or craft in which I was employed at any time while covered by this Plan, or any job using the skill or skills of such trade or craft including related supervisory work.

#### Prohibited Employment After Normal Retirement Age.

I understand that Prohibited Employment after Normal Retirement Age is defined under the same terms as Prohibited Employment before Normal Retirement Age, but limited to such employment or self-employment which is:

- > At least 40 hours per month, and
- ➢ In the geographic area covered by the Plan at the time my pension benefits began.

#### Special Rules for Employment before Normal Retirement Age.

I understand that if I am receiving an Early Retirement Pension, I may return to work without having my benefits suspended under the following two exceptions:

#### Exception 1

I may return to work in the insulation or construction industries without having my benefits suspended as long as I:

- Obtain the prior written approval of my Local Union before engaging in such prohibited employment;
- Work for a Contributing Employer; and
- Work fewer than 300 Hours in any one calendar year.

Under the 299-Hour exemption, I understand that I will receive a monthly pension payment for each month (beginning with the month of January each year) before the month in which contributions are first made to the Plan on my behalf for 300 or more Hours during a calendar year. However, during

the first calendar year in which I retire, my Hours of service earned prior to retirement will not be counted toward the 300 Hour limit so long as there are at least 90 days remaining in the calendar year between the date I retire and the date I begin to work in pre-age 65 Prohibited Employment and I have the prior written approval of my Local Union to work.

### Exception 2

I may return to employment that is otherwise Prohibited Employment without having my benefits suspended as long as:

- The employment consists of work in a non-bargaining unit position with a contributing Employer;
- > The employment begins at least 90 days after my Benefit Commencement Date; and
- I obtain the approval to engage in such non-bargaining unit work from my home Local Union and the Trustees.

## > Special Rules for Employment After Reaching Age 65.

I understand that if I am age 65 or older and receiving pension benefits, my monthly benefits will be suspended if I work 40 or more Hours in Prohibited Employment in a calendar month, unless one of the following two exceptions apply:

### Exception 1

- I obtain the prior written approval of my Local Union before engaging in such Prohibited Employment;
- I work for an Employer contributing to this Plan; and
- > I work fewer than 300 Hours in any calendar year.

Under this 299-Hour exemption, I understand that I will receive a monthly pension payment for each month (beginning with the month of January each year) before the month in which contributions are first made to the Plan on my behalf for 300 or more Hours during a calendar year. For any remaining months during the calendar year, my monthly pension payments will be withheld except for months in which my paid Hours are less than 40. However, during the first calendar year in which I retire, my Hours of service earned prior to retirement will not be counted toward the 300 Hour limit so long as there are at least 90 days remaining in the calendar year between the date I retire and the date I begin to work in Prohibited Employment and I have the written approval of my Local Union to work.

#### Exception 2

I may work 40 or more hours a month in what is otherwise Prohibited Employment without having my benefits suspended as long as:

- The employment consists of work in a non-bargaining unit position with a contributing Employer;
- The employment begins at least 90 days after my Benefit Commencement Date; and
- I obtain the approval to engage in such non-bargaining unit work from my home Local Union and the Trustees.

## > Notice of Prohibited Employment.

If, after I retire, I work in Prohibited Employment I must provide written notice of this work to the Administrative Manager within 30 days of starting the work. I must give the notice regardless of the number of Hours I expect to be paid in a month.

I further understand that if I am age 65 or older and do not inform the Administrative Manager on a timely basis that I have started working, and the Trustees become aware of the work, the Trustees may assume that I am working in Prohibited Employment for at least 40 Hours per month and may withhold my monthly pension benefit until I provide information showing that pension payments should not be withheld. If I do not give timely notice of my work in Prohibited Employment, the Trustees may assume that I worked in Prohibited Employment for the entire period that my employer has been working at a site.

I understand that if I work in Prohibited Employment before Normal Retirement Age and do not notify the Administrative Manager on a timely basis, my benefits will be suspended until my 65th birthday.

## > <u>Periodic Proof of Non-Prohibited Employment.</u>

After my pension payments start, I understand that the Trustees may ask me to provide periodic proof that I am not working in Prohibited Employment. If I do not provide the requested proof, the Trustees may withhold my pension payments commencing with the payment of the third month following the month in which I was requested to provide the proof.

Pension payments will again be made to me beginning with the second month following the month in which proof is received that I am no longer working in Prohibited Employment. My initial payment will include any previously withheld pension payments for months in which I was not working in Prohibited Employment, less an offset for any amounts owed to the Plan.

#### Repayment of Benefits.

I understand that if I receive a pension payment for a month in which I was working in Prohibited Employment, I must repay the amount received. The Plan has a right to recover any amounts it is owed, and may do so by deducting the amounts I owe to the Plan from my future pension payments. The deduction from the initial payment of benefits following a suspension may be the full amount owed the Plan or the full amount of the initial payment. Thereafter, the deduction will not be more than 25% of the amount of monthly pension otherwise payable to me. I further understand that if I die before the Plan recovers the full amount I owe to the Plan, amounts will be deducted from any pension payments to my beneficiary to repay the remaining amounts owed to the Plan.

### > Rules Applicable for All Suspension of Benefits.

- > Benefits will not be suspended after my Required Beginning Date.
- When my pension payments are withheld, the Administrative Manager will send me a notice describing the reasons for the suspension, plus certain other related information. I can request a review of the decision to suspend my pension payments by sending a written request to the Trustees.
- When I stop working in Prohibited Employment, I must notify the Administrative Manager in writing of the date I stopped working in such employment.
- Provided I sent timely notice of my Prohibited Employment, my pension payments will be made to me beginning the later of: (1) the third month following the month in which I stopped working in Prohibited Employment, or (2) the second month following the month in which notice is received that I have stopped working in Prohibited Employment. My initial payment will include previously withheld pension payments for months in which I was not working in Prohibited Employment, less an offset for any amounts I owe the Plan.
- I may request a determination whether certain employment is considered Prohibited Employment before I begin working in that employment.
- I (or my employer) may request the Trustees to waive the suspension of my benefit for a specific job or period of time. The Trustees may consider this, for example, if there is a shortage of employees with my skills. My request should be sent in writing and should provide detailed information about the work I will perform.
- If I receive a reduced Early Retirement Benefit and that benefit is suspended during the period before I reach age 65, the pension I receive when benefits are again payable will be actuarially adjusted to reflect the payments I received before reaching age 65 and my adjusted age when payments begin again.

On the following page is the Acknowledgement of Receipt of the Suspension of Benefits Notice. Please acknowledge receipt of these rules by signing, dating and returning the completed acknowledgement form to the Fund Office. **Please keep the notice regarding the Plan's Suspension of Benefit Rules with your personal records.** 



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# ANNUAL ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING OF SUSPENSION OF BENEFITS RULES

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I. RETIREE INFOR	MATION				
Full Name:			Social Security # (Last 4 Digits):		
Street Address:					
City:		State:		Zip Code:	
Telephone Number:		Mobile	Number:		
Email Address:				1	
Do you authorize the Fund Office to communicate with you via email regarding this form?				🗆 Yes 🗆 No	
II. RETIREE CERTIFICATION					
I,, hereby certify that I have received, read and understand the Notice Regarding Suspension of Benefits Rules. Further, I certify that I am still eligible under the terms and conditions of the Insulators and Allied Workers National Pension Fund for a Retiree Pension and that I have not worked in employment requiring my pension to be suspended, or I have notified the Fund Office of such work.					
Signature of Retiree: Date:					
State of: County of: This instrument was signed and acknowledged before me onby (Notary Stamp)					
Signature of Notary Officer My Commission expires:					
	Signature of Plan Represen	tative/Trustee			