

Application for Surviving Spouse Pension

Follow these instructions carefully and completely to avoid delays in processing your pension benefit. **Please note:** Throughout this application, your spouse (the 1199SEIU member) who has died will be referred to as the “member” or “deceased member.” As the person who is applying for a survivor’s benefit, you will be referred to as the “surviving spouse” or “beneficiary applicant.”

1. Read each section and answer each question that applies to you. All requested information is needed to process your application and determine the maximum amount of service and benefits for which you may qualify. If a section or question does not apply to you, mark it “N/A” for “Not Applicable.” Print clearly in blue or black ink. If completing online, type in your information.

2. Documents required:

Your pension may be **DELAYED** if you do not submit clear copies of the following documents with your application. If your documents are in a language other than English, you must bring the originals and notarized translated copies.

- a. Citizenship/Proof of Age: Proof of citizenship for you and proof of age for you and the deceased member can be satisfied by submitting one of the following: birth certificate, driver license, naturalization papers, passport or resident alien card
- b. Government-issued marriage certificate
- c. Death certificate for the deceased member
- d. Social Security cards for you and the deceased member
- e. Voided check or copy of bank statement, for enrolling in direct deposit
- f. Notice of Disability Award benefits letter from the Social Security Administration, if the deceased member was receiving a Social Security Disability benefit
- g. Affidavit for Name Change, if your name has changed (affidavit is attached to this application)

3. Remember to **SIGN AND DATE** the completed application or it will not be valid.

4. Keep a copy of the completed application for your records.

5. Your pension benefit will be effective: a) the first of the month following the member’s death; b) the first of the month following the date you filed your completed pension application; **or** c) the month after the deceased member would have been at early retirement age (age 55), whichever is later.

Mail or fax the completed application and clear copies of required documents to:

1199SEIU Pension Funds
PO Box 975, New York, NY 10108-0975
Fax: (646) 473-8747

A. Personal Data

As the beneficiary applicant (and surviving spouse), you must fill in ALL of the information in this application. Along with the completed application, you must submit documentary proof of: a) citizenship for yourself; b) age for yourself and the deceased member; and c) lawful marriage between yourself and the deceased member. See #2 (documents required) on page 1 for more information.

DECEASED MEMBER'S FULL NAME (FIRST AND LAST NAME)

DECEASED MEMBER'S MEMBER ID # OR SOCIAL SECURITY #

DECEASED MEMBER'S DATE OF DEATH (MM/DD/YYYY)

BENEFICIARY APPLICANT'S FULL NAME (FIRST AND LAST NAME)

BENEFICIARY APPLICANT'S ID # OR SOCIAL SECURITY #

Address instructions:

PERMANENT ADDRESS: This is your home address (the place where you live). **DO NOT LIST A PO BOX.**

MAILING ADDRESS: Fill in this line if you want your mail sent to a location other than your permanent address.

YOU CAN LIST A PO BOX. If you prefer to receive mail at your permanent address, leave this line blank.

BENEFICIARY APPLICANT'S PERMANENT ADDRESS (*do not list a PO Box*)

CITY

STATE

ZIP CODE

BENEFICIARY APPLICANT'S MAILING ADDRESS (*you can list a PO Box*)

CITY

STATE

ZIP CODE

BENEFICIARY APPLICANT'S DATE OF BIRTH (MM/DD/YYYY)

BENEFICIARY APPLICANT'S HOME PHONE

BENEFICIARY APPLICANT'S CELL PHONE

BENEFICIARY APPLICANT'S EMAIL ADDRESS

BENEFICIARY APPLICANT'S COUNTRIES OF CITIZENSHIP (*see #2a on page 1 for more information*)

Beneficiary applicant's gender: (**choose one**): Male Female

Indicate your marital status with the member prior to his or her death (**choose one**):

Single Married Divorced Legally separated

I request my pension benefit to begin on the first day of _____, 20____

MONTH YEAR

B. Employment History

Please indicate the deceased member's last employment in an 1199SEIU, 1115 or 144 position, or if the deceased member worked for hotels covered by Local 144/758 funds.

MEMBER'S LAST EMPLOYER (INSTITUTION/FACILITY/AGENCY NAME)

ADDRESS

CITY

STATE

ZIP CODE

WORK PHONE

LAST JOB TITLE

DATE MEMBER STARTED AT THIS JOB (MM/DD/YYYY)

DATE MEMBER LAST WORKED AT THIS JOB (MM/DD/YYYY)

Additional Employment Information

Fill out this section if: a) the deceased member's last employment included working for a second employer in an 1199SEIU position; b) in the past, the deceased member worked for other employers in an 1199SEIU position; **and/or** c) in the past, the deceased member worked in the home care industry, healthcare or human services industry, or a related industry. You can list up to two (2) employers.

1.

MEMBER'S EMPLOYER (INSTITUTION/FACILITY/AGENCY NAME)

JOB TITLE

ADDRESS

CITY

STATE

ZIP CODE

DATE MEMBER STARTED AT THIS JOB (MM/DD/YYYY)

DATE MEMBER LAST WORKED AT THIS JOB (MM/DD/YYYY)

2.

MEMBER'S EMPLOYER (INSTITUTION/FACILITY/AGENCY NAME)

JOB TITLE

ADDRESS

CITY

STATE

ZIP CODE

DATE MEMBER STARTED AT THIS JOB (MM/DD/YYYY)

DATE MEMBER LAST WORKED AT THIS JOB (MM/DD/YYYY)

**READ BELOW. PRINT OUT THE COMPLETED APPLICATION, THEN SIGN AND DATE IT.
THE APPLICATION CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE.**

C. Authorization

I understand that the earliest my pension payments can begin is: a) the first of the month following the member's death; b) the first of the month following the date I filed my completed pension application; **or** c) the month after the deceased member would have been at early retirement age (age 55), whichever is later. I understand that in order to process my pension application, the Pension Funds may need to obtain additional information from me (or from a Contributing Employer or the Social Security Administration). In this event, I understand that it may take longer than 90 days for the Funds to make a determination on my claim for benefits. By signing this application, I hereby consent to the extension of any time periods in the Plan for making benefit determinations until the Funds receive all the necessary information. I certify that the information provided in this application is correct.

X

BENEFICIARY APPLICANT'S SIGNATURE (REQUIRED)

DATE (MM/DD/YYYY) (REQUIRED)

Mail or fax the completed application **AND** clear copies of required documents to:

**1199SEIU Pension Funds
PO Box 975, New York, NY 10108-0975
Fax: (646) 473-8747**

AFFIDAVIT FOR NAME CHANGE

Complete this form if your name has changed.
(Please print clearly in blue or black ink. If completing online, please type in your information.)

Beneficiary Applicant's ID # or Social Security #: _____

I, _____, being duly sworn, depose and say: I make this affidavit in connection
BENEFICIARY APPLICANT'S NAME

with my pension application for a survivor's benefit from the 1199SEIU Pension Funds.

I was known to the Pension Funds as: _____
FULL NAME

I have also used the name of: _____
FULL NAME

My Social Security number is: _____
SOCIAL SECURITY NUMBER

I am one and the same person, and I make this affidavit to induce the Trustees to act favorably on my application for pension benefits.

BENEFICIARY APPLICANT'S SIGNATURE

THIS DOCUMENT MUST BE NOTARIZED. PLEASE HAVE THE SECTION BELOW COMPLETED, SIGNED AND SEALED BY A NOTARY PUBLIC.

On the _____ day of _____, 20____, before me came

_____, to me known and known to me to be the person

described above who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

[NOTARY SEAL]

My commission expires:

_____, 20____

COUNTY

STATE

NOTARY SIGNATURE