

Heating, Piping and Refrigeration Pension Fund

Physical Address: 8700 Ashwood Dr., Suite 150, Capitol Heights, MD 20743

Phone: (410) 444-3756 or (800) 618-2879 • Fax: (240) 303-2484 • Website: HPRBenefitFunds.com

Administered by
Welfare & Pension Administration Service, Inc.

APPLICATION FOR PENSION BENEFITS

Instructions:

1. Please read each question carefully. Print all information, except signature, using an ink pen.
2. This application is good for 180 days from the date it was sent to you by the Fund Office. If this application was sent to you more than 180 days ago, please contact the Fund Office for a new application.
3. Answer all applicable questions. This will avoid delays in processing.
4. Attach photocopies of yours and current spouse's proof of age and your marriage certificate.
5. If you have served in the Military, please provide a copy of your DD214. You may be entitled to additional credits under the Federal Regulation USERRA, if you qualify.
6. Return the completed application and related documents so that they reach the Fund Office at least 30 days prior to the date you would like your Pension Payments to start.
7. If you would like to meet with a Retirement Representative, please call the Fund Office to set up an appointment.

MEMBER'S PERSONAL DATA:

Name: _____

Address: _____

Address: _____

City, State, Zip Code: _____

Social Security No: _____

Date of Birth _____

Telephone Numbers: Home _____ Cell: _____

Email Address: _____

MARITAL INFORMATION

Are you currently married? ☐ YES ☐ NO If yes, please provide your spouse's personal data below.

Current Spouse's Name: _____

Current Spouse's Date of Birth: _____ Social Security Number: _____

Date of Marriage: _____

***PLEASE PROVIDE THE FUND WITH PHOTOCOPIES OF
PROOF OF AGE AND MARRIAGE FOR YOURSELF AND YOUR SPOUSE.
(See enclosed information regarding proofs of age)***



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APPLICATION FOR RETIREMENT BENEFITS

PREVIOUS MARITAL INFORMATION

- ☐ I have never been married. ☐ My current spouse is my only marriage.
- ☐ I was previously married to the persons noted below and that marriage ended on, due to:
(if additional space is needed use the back of this page)
- 1.) _____ and this marriage ended on _____ due to ☐ Divorce ☐ Death
- 2.) _____ and this marriage ended on _____ due to ☐ Divorce ☐ Death
- 3.) _____ and this marriage ended on _____ due to ☐ Divorce ☐ Death

If divorced, did the divorce(s) result in your ex-spouse being entitled to a share of your Pension Benefits thereby requiring a Qualified Domestic Relations Order? ☐ YES ☐ NO

Please provide complete copies of all your divorce decree(s), separation agreement(s), Qualified Domestic Relations Order(s), or previous spouse(s) death certificates if applicable. The copies must show the document was filed with the court and signed by the judge.

ELECTION OF PENSION START DATE

I Want My Pension Payments to Begin on the First Day of _____, _____.
Month Year

Are you **currently** receiving any of the following benefits?

- **Short Term Disability** benefits from HPR Medical Fund ☐ YES ☐ NO
- **Workers Compensation** payments (for an injury incurred while working under this Plan) ☐ YES ☐ NO

ELECTION OF TYPE OF PENSION:

If eligible, I want to retire on a (check one):

- ☐ **Regular Pension** For Participants who attain age 62 and are vested or who have been a Participant of the Plan for 5 full years.
- ☐ **Deferred Vested Pension** For participants age 55 or older who have NOT performed an hour of service on or after September 1, 1998, and who have at least 10 years of Vesting Service or 10 Pension Credits
- Or**
- For participants age 55 or older who HAVE performed an hour of service on or after September 1, 1998, and who have at least 5 years of Vesting Service.
- ☐ **Early Retirement Pension** For Participants who retire between the ages of 55 and 62 and have a minimum of 10 Pension Credits.
- ☐ **Disability Pension** For a Participant who becomes totally and permanently disabled (as determined by the Social Security Administration) and has at least 10 Pension Credits and has worked under a Collective Bargaining Agreement or made self-contributions for at least 2000 hours within the Plan year in which the disability occurred and the two previous Plan years.



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IF YOU ARE APPLYING FOR A DISABILITY PENSION, COMPLETE THIS SECTION:

Date you first became disabled: _____

Nature of your disability: _____

Have you applied for a Social Security Disability Award? ☐ Yes ☐ No

Have you received a Social Security Disability Award? ☐ Yes ☐ No

If you have received a Social Security Disability Award, please attach a copy of the Award Letter.

Eligibility for Disability Pension

A Participant may retire on a Disability Pension if he becomes Permanently and Totally disabled at any age provided he has at least 10 Pension Credits and has worked under a Collective Bargaining Agreement as defined in Section 1.08, or made self-contributions, for at least 2000 Hours (1000 Hours for disabilities occurring prior to October 1, 1990) **within the period that consists of the Plan Year in which he became disabled and the prior two Plan Years.**

Section 3.11 of the Plan Document – Definition of Total and Permanent Disability

A Participant shall be deemed totally and permanently disabled upon determination by the Social Security Administration that he is entitled to a Social Security disability benefit in connection with his Old Age Survivors and Disability Insurance coverage or a determination by the Civil Service Commission that he is entitled to a Civil Service disability award. The Trustees may, from time to time, require evidence of continued entitlement to such benefits, even though the Social Security Administration or the Civil Service Commission makes no change in their determination for eligibility for benefits.



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APPLICATION FOR RETIREMENT BENEFITS

RETIREMENT DECLARATION

Generally speaking, pension benefits provided by the Plan shall commence only if the Participant has retired. To be considered retired, a Participant must have separated from all service with any and all Contributing Employers and from any and all employment that would be considered to be Disqualifying Employment. However, Participants who have reached the Plan's Normal Retirement Age (generally age 62) **and** their Social Security normal retirement age (age 66 for many new applicants for benefits) are not required to separate from service to start their pensions.

To be considered separated from service and entitled to start a pension benefit, a Participant must have the bona fide intent to retire. A quick return to work after starting a pension shows that a bona fide intent to retire is lacking. A return to work within the first 90 days after a Participant's pension effective date is considered very strong evidence that there was no bona fide intent to retire, and the pension would be voided, and the Participant would be required to return any monies paid out to date.

Accordingly, I declare that I am retiring and will be bound by the requirements and rules stated in the Plan.

Further, I make the following declaration **(insert N/A after each item if you have reached both the Plan's Normal Retirement Age and your Social Security Normal Retirement Age)**:

1. I have withdrawn from all employment with any employer obligated to contribute to the Heating, Piping and Refrigeration Pension Fund as of ____/____/____.
mo. day year

Name of last contributing employer: _____

Contact Name and phone number of last contributing employer: _____

I understand that the Fund may be contacting my employer(s) to verify the status of my employment.

2. I have withdrawn from all employment that would be considered Disqualifying Employment under the terms of the Plan (see description on page 5).
3. I will refrain from further such employment, or I will notify the Trustees prior to my return to such work.
4. I will not work in employment covered by the Fund or in any employment defined as "Disqualifying Employment" under the Plan's terms, except as permitted under the Plan. I have read the enclosed Suspension of Benefits Notice (see page 6).
5. I understand that if I violate these rules, I may be subject to the penalties stipulated in the Pension Plan Document.

SIGN HERE: _____
Participant's Signature

Date



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Statement of Employment while collecting Pension from the Heating, Piping & Refrigeration Pension Fund

In accordance with Section 7.07 of the Plan and Section 2530.203-3 of the Department of Labor regulations, payment of your pension will continue for only as long as you do not return to work in Disqualifying Employment. The Fund may, at any time, require proof from you of your continued entitlement to a pension benefit. **We may also request information from your last employer regarding your separation from service.** Rules on when you can work are as follows:

Disqualifying Employment before Normal Retirement Age (generally age 62) is any employment or self-employment in the type of work regularly performed by employees represented by the United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry or one of its affiliated local unions, or any employment or self-employment in the plumbing, heating, piping and refrigeration industry for employers or businesses that are not signatory to a collective bargaining agreement with the United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of the United States and Canada or one of its affiliated local unions. Your retirement benefits will be suspended for any month you are employed in such work.

Disqualifying Employment after Normal Retirement Age (generally age 62). If a participant has reached Normal Retirement Age and earns more than the maximum allowed by Social Security without a reduction in benefits, his monthly benefit shall be suspended for any month in which he works or is paid for at least 40 hours in Disqualifying Employment. For this purpose, Disqualifying Employment is employment or self-employment in the heating, piping and refrigeration industry or any other industry covered by the Plan when your pension began, in an occupation in which you worked under the Plan, and in the geographical area covered by the Plan (Maryland, Virginia, the District of Columbia or any other state or province of Canada where contributions are required to be made by an employer to the Plan). If the Disqualifying Employment is for an employer or business that is not signatory to a collective bargaining agreement with the United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of the United States and Canada or one of its affiliated local unions, this subsection will be applied without regard to whether or not the Participants earns more than the maximum allowed by Social Security without a reduction in benefits

Disqualifying Employment after you attain your Social Security Normal Retirement Age. Once you attain your Social Security Normal Retirement Age (depending on your year of birth your SSNRA could be anywhere between your age 66 and 67) you do not have to stop working to retire and can work as much as you like while collecting your pension benefits.

Please provide us with information on your current employment and/or information on any employment you expect to continue while collecting your pension benefits.

Employer Name..... _____
Employer Address... _____
Date Employed _____ Date of Termination _____
Job Responsibilities... _____

***PLEASE NOTIFY THE FUND OFFICE OF ANY CHANGES IN YOUR EMPLOYMENT WHILE
COLLECTING A PENSION FROM THE HEATING, PIPING & REFRIGERATION PENSION FUND.***

Your Signature _____ **Date** _____

Failure to provide this completed form to the Fund Office prior to your pension start date could delay the start of your Benefits.



HEATING, PIPING AND REFRIGERATION PENSION FUND

Summary of Plan Provisions on

Suspension of Benefits upon a Return to Work

In accordance with Section 7.07 of the Plan and Section 2530.203-3 of the Department of Labor regulations, payment of your pension will continue for only as long as you do not return to work in Disqualifying Employment. The Fund may, at any time, require proof from you of your continued entitlement to a pension benefit.

Disqualifying Employment before age 62 is any employment or self-employment in the type of work regularly performed by employees represented by the United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry or one of its affiliated local unions, or any employment or self-employment in the plumbing, heating, piping and refrigeration industry for employers or businesses that are non-union; that is they are not signatory to a collective bargaining agreement with the United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of the United States and Canada or one of its affiliated local unions. Your retirement benefits will be suspended for any month you are employed in such work.

Disqualifying Employment after age 62 is employment or self-employment in the heating, piping and refrigeration industry or any other industry covered by the Plan when your pension began, in an occupation in which you worked under the Plan, and in the geographical area covered by the Plan (Maryland, Virginia, the District of Columbia or any other state or province of Canada where contributions are required to be made by an employer to the Plan).

After Normal Retirement Age (62-65), if you earn more in a year than is allowed by Social Security prior to a reduction in benefits, your monthly benefit will be suspended for any month in which you worked, or were paid, for at least 40 hours in Disqualifying Employment after you have reached the maximum amount.

Notwithstanding the above rule, if you engage in Disqualifying Employment for an employer or business that is not signatory to a collective bargaining agreement with the United Association of Journeymen and Apprentices in the Plumbing and Pipefitting Industry of the United Association of the United States and Canada or one of its affiliated local union, this subsection will be applied without regard to whether or not the Participant earns more than the maximum allowed by Social Security without a reduction in benefits.

You are required to notify the Fund Office, in writing, within 30 days after taking a job in Disqualifying Employment. If your benefits are suspended, you will be notified by personal delivery or first-class mail during the first calendar month in which payments are withheld. If you fail to give written notice within the 30-day period, or if you willfully misrepresent your return to Disqualifying Employment, your monthly benefit will be suspended for an additional six months. The six-month penalty does not apply after your 62nd birthday.

If you are not sure whether certain employment would be considered Disqualifying Employment, you may request the Fund to make a determination as to whether the employment you are considering would result in a suspension of your benefits. Such requests must be made in writing.

Once you stop working in Disqualifying Employment you must again notify the Fund Office, in writing, of the date when such work ceased. Your pension will resume for the month after you stop this work, but there may be a delay of up to three months before your next check arrives.

If you receive a suspension notification from the Fund which you believe to be in error, you may make a written appeal requesting that the Trustees review this action. Your appeal must be in writing and must be made within 180 days of the notice of suspension.

I understand the above stated rules regarding Suspension of Benefits upon a Return to Work with Heating, Piping and Refrigeration Pension Fund. I will notify the Fund Office immediately if I return to work in employment, which is or may be considered prohibited.

Signature

Date



HEATING, PIPING AND REFRIGERATION PENSION FUND

SOCIAL SECURITY BENEFIT TESTS AND LIMITS

	2023	2022
Wage Base:		
a) for Social Security Tax	\$160,200	\$147,000
b) for Medicare	No Limit	No Limit
COLA Increase	8.7%	5.9%
Social Security National Average Wage Index	\$63,795.13 (For 2022)	\$60,575.07 (For 2021)
This amount is not tied to the CPI but rather to earnings as reported to the SSA. The 2022 average (which is relevant for 2024) and background can be found on the SSA's website.		
Primary Insurance Amounts (PIA) Formula		
a) First Bend Point	\$1,174	\$1,115
b) Second Bend Point	\$7,078	\$6,721
Maximum Social Security Benefit at Social Security Normal Retirement Age (SSNRA)	\$3,652 month	\$3,506 month
Earnings Test – Early Retirement (Age 62 thru SSNRA) ¹	\$22,320 per year	\$21,240 per year
<i>(Once your wages total this amount you are limited to 40 hours per month, or your benefits will be SUSPENDED)</i>		

Determining your Social Security Normal Retirement Age (SSNRA)

Retiring at Full Retirement Age – To Retire under Social Security you must have earned forty credits (40). The below table will provide you with your Social Security Normal Retirement Age (SSNRA) based on your date of birth.

<u>Year of Birth</u>	<u>Full Retirement Age</u>
1937 or earlier	65
1938	65 and 2 months
1939	65 and 4 months
1940	65 and 6 months
1941	65 and 8 months
1942	65 and 10 months
1943-1954	66
1955	66 and 2 months
1956	66 and 4 months
1957	66 and 6 months
1958	66 and 8 months
1959	66 and 10 months
1960 and later	67

¹ In the year of attaining SSNRA the early retirement earnings test is higher. In 2024, it will be \$59,520/year (\$4,960/month). After attaining SSNRA, individuals can receive their full benefits regardless of how much they earn.



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APPLICATION FOR RETIREMENT BENEFITS

I hereby apply for payment of a pension from the Heating, Piping and Refrigeration Pension Fund. The foregoing statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits and that the board of trustees of the Heating, Piping and Refrigeration Pension Plan shall have the right to recover any payments made to me because of a false statement.

I understand that this application can be cancelled by my written request at any time prior to the Retirement Date indicated above. I have fully read and understand the information furnished in the enclosed application.

SIGN HERE: _____
Participant's Signature Date

INSTRUCTIONS TO APPLICANT FOR RETIREMENT ABOUT PROOFS OF AGE

The acceptable proofs of age are listed below. Submit a photocopy of one of the proofs listed. You are cautioned, however, that Naturalization Papers, United States Passports, and Immigration Papers *may not* be photocopied. If you are submitting any of these, you must submit the original. It will be returned to you.

Proofs as high in order on the list as possible should be submitted, since the higher on the list your proofs of age, the more convincing they will be. Additional proof of age may be requested of you if the documents you submit do not constitute convincing proof of age.

1. A birth certificate.
2. A baptismal certificate or a statement as to the date of birth shown by a church record certified by the custodian of such record.
3. Document showing approval of Social Security Pension if age or date of birth is shown or proof of Medicare enrollment.
4. Notification of registration of birth in a public registry of vital statistics.
5. Certification of age by the United States Census Bureau.
6. Hospital birth record certified by the custodian of such record.
7. A foreign church or government record.
8. A signed statement by a physician or midwife, who was in attendance at birth, as to the date of birth shown on their record.
9. Naturalization record (photocopy not permitted; submit original - it will be returned).
10. Immigration papers (photocopy not permitted; submit original - it will be returned).
11. Military record.
12. Passport (United States passport may not be photocopied; submit original - it will be returned).
13. School record certified by the custodian of such record.
14. Vaccination record certified by the custodian of such record.
15. An insurance policy at least 15 years old.
16. Marriage record (application for marriage license of church certified by the custodian of such record or marriage certificate).
17. Confirmation record.
18. Other evidence such as voting records, driver's license, signed statements from persons who have knowledge of your date of birth.

NOTE: All documentation submitted as proof of age must clearly show your age to be acceptable. Also, if the name shown on the document differs from the present name, a copy of the court order or other document recording the name change should be submitted for identification purposes.

