

HAWAII TRUCKERS – TEAMSTERS UNION PENSION PLAN

560 N. Nimitz Highway, Suite 209, Honolulu, Hawaii 96817
Phone (808) 523-0199 • Toll-Free 1 (866) 772-8989 • Fax (808) 537-1074

Date: _____

UPS EMPLOYEE

Name: _____

Address: _____

RE: HAWAII TRUCKERS-TEAMSTERS UNION PENSION PLAN
UNITED PARCEL SERVICE - PENSION APPLICATION

Dear Member:

Pursuant to your request, we have enclosed an Application for Retirement Benefits.

Please complete the Application and return it, with copies of the necessary documents, to the Trust Fund Office in the enclosed self-addressed return envelope.

A completed Employer Verification Form must also be submitted with your application.

Please be aware that it may take several months to process your pension application.

Upon completion of your Retirement Benefit estimates, we will send you the Election form which you will then elect the type of benefit form you would like to receive.

If you have any questions regarding your retirement, please feel free to contact the Trust Fund Office, Pension Department.

Sincerely,

Pension Department

Enclosures

cc: File

HAWAII TRUCKERS – TEAMSTERS UNION PENSION PLAN

APPLICATION FOR BENEFITS For UPS EMPLOYEES ONLY

Part I. RETIREE INFORMATION

Full Name (Last) (First) (Middle)			Date of Birth (mm/dd/yyyy)		
Previous Name, If Any: (Last) (First) (Middle)			Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		
Mailing Address (Street)		(City)	(State)	(Zip Code)	(Phone No.)
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced (Submit Divorce Decree) <input type="checkbox"/> Single <input type="checkbox"/> Widowed (Submit Death Certificate)			U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>*IF YOU HAVE EVER BEEN DIVORCED, SUBMIT A FILED COPY OF THE DIVORCE DECREE. **IF THERE IS A DOMESTIC RELATIONS ORDER IN EFFECT AWARDING A PORTION OF YOUR POSSIBLE PENSION BENEFITS TO YOUR FORMER SPOUSE, SUBMIT A FILED COPY OF THE ORDER.</i>					Social Security Number
Trucking Company Employer		Date of Hire	Last Day Worked	Term Date	Position Held
<i>*IF YOU HAVE ANY BREAKS IN SERVICE DUE TO MILITARY SERVICE, BE SURE TO FURNISH DISCHARGE PAPERS SHOWING BOTH INDUCTION AND DISCHARGE DATES. ALSO, IF APPLICABLE, INDICATE EMPLOYMENT HISTORY WITH U.P.S. MAINLAND U.S.A.</i>					

Part II. SPOUSE INFORMATION

Full Name (Last) (First) (Middle)			Date of Birth (mm/dd/yyyy)		
Previous Name, If Any: (Last) (First) (Middle)			Social Security Number		
Date of Marriage (mm/dd/yyyy)	<i>*SPOUSE MUST SUBMIT BIRTH CERTIFICATE & MARRIAGE CERTIFICATE. SUBMIT PROOF OF NAME CHANGE IF ANY.</i>				

Part III. ONE-TIME BENEFICIARY DESIGNATION

Full Name (Last) (First) (Middle)			Date of Birth (mm/dd/yyyy)		
Social Security Number	Relationship to Retiree		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		
Mailing Address (Street)		(City)	(State)	(Zip Code)	(Phone No.)

I hereby request retirement under the Hawaii Truckers – Teamsters Union Pension Plan. I will immediately notify the Hawaii Truckers – Teamsters Union Pension Plan if I return to employment in the same industry in the same trade or craft in Hawaii. I understand that my monthly pension payments will be suspended for any calendar month of such employment in which I worked 40 or more hours.

Signature (Required)

Date Signed

BENEFIT OPTIONS

Your benefits will be paid to you in the normal form, at such times as provided for you in the Plan, unless you elect to waive this form of benefit (with your spouse's consent if you are married).

IF YOU ARE NOT MARRIED, the normal form is a **Single Life Annuity Benefit** which provides you with the monthly payments for your life. The benefit payments will cease with the benefit payment for the month of your death.

IF YOU ARE MARRIED, the normal form is the an **Automatic Joint and Last Survivor Annuity Benefit for Married Participants** which provides you with a reduced monthly payment for your life, and, upon your death, a monthly payment for your spouse's life equal to 50% of the monthly payment you received prior to your death. If your spouse dies before you, no payments will be made after your death. The amount of reduction is determined based on the age difference between you and your spouse.

You may elect not to receive your benefits in the normal form and instead choose to receive your benefits in one of the optional distribution forms listed below. Your spouse's consent is needed if you elect not to receive your benefits in the normal form.

Your optional forms are as follows:

- (1) **Single Life Annuity Benefit.** Under this optional form, you are provided with a monthly pension for your life. The benefits payments will cease with the benefit payment for the month of your death.
- (2) **Qualified Optional Joint & Survivor Pension (for married Participants).** Under this optional form, you are provided with a *reduced monthly pension for your life. When you die, monthly payments will be provided for your spouse's life equal to 75% of the monthly pension you received prior to your death. If your spouse dies before you, payments will cease with the payment for the month in which you die.
*The amount of the reduction is based on the age difference between you and your spouse.
- (3) **Contingent Annuity Option Benefit.** Under this optional form, you are provided with a *reduced monthly pension for your life. When you die, monthly payments will be provided to your designated beneficiary, if living. He or she will receive a monthly pension for his or her lifetime equal to 50%, 66 2/3%, or 100%, of the pension amount that you had been receiving prior to your death. Your designated beneficiary may be limited by the Trustees to certain classes of persons but, you choose the person who is to receive the survivor benefit. You also choose the percentage of your monthly pension to be paid to your designated beneficiary (restrictions may apply if the beneficiary is not your spouse). If your designated beneficiary pre-deceases you, the pension payments will cease with the pension payment for the month in which you die. If prior to you actual retirement, you should die or your designated beneficiary pre-deceases you, the election of the option shall become null and void and of no effect.
*The amount of the reduction is based on the age difference between you and your spouse.
- (4) **Social Security Option Benefit.** Under this optional form, you are provided with an actuarially adjusted benefit which will provide a greater amount during the period before you become eligible for Social Security benefits (age 62 in most cases) and a reduced amount thereafter so that, as nearly as possible, you will receive a level monthly income for life (taking into account your estimated Social Security benefits). The benefit payments will cease with the benefit payment for the month of your death.

HAWAII TRUCKERS – TEAMSTERS UNON PENSION PLAN

TO THE BOARD OF TRUSTEES:

This is to confirm that I, _____
(PRINT NAME)

Social Security Number: _____

(CHECK ONE)

- WISH TO RETIRE THE FIRST DAY OF THE MONTH FOLLOWING THE DATE OF THIS APPLICATION
- WISH TO RETIRE THE FIRST DAY OF THE MONTH IMMEDIATELY FOLLOWING MY ATTAINMENT OF NORMAL RETIREMENT AGE
- WISH TO RETIRE ON THE FIRST DAY OF THE MONTH SIX MONTHS PRIOR TO THE DATE OF THIS APPLICATION
- THE FIRST DAY OF THE (MONTH) _____ (YEAR) _____ AT AGE _____
- DO NOT WISH TO SET A RETIREMENT DATE AT THIS TIME (ATTAINMENT OF AGE 70 ½)

PENSION BENEFIT APPLIED FOR: (CHECK ONE)

- NORMAL (AGE 62) EARLY (AGE 55 – AGE 61-11) POSTPONED (AGE 62-01 AND BEYOND)
- *DISABILITY *ATTAINMENT OF AGE 70½

*PLEASE CONTACT THE ADMINISTRATIVE OFFICE TO VERIFY YOUR ELIGIBILITY

INDICATE BELOW THE BENEFIT OPTIONS FOR WHICH YOU WOULD LIKE TO HAVE ESTIMATES DONE:

- 1. [] SINGLE LIFE ANNUITY BENEFIT
- 2. [] QUALIFIED OPTIONAL JOINT & SURVIVOR PENSION (for married Participants)
- 3. [] CONTINGENT ANNUITY OPTION BENEFIT (Provide Birth Certificate & Marriage Certificate if applicable)
Name of Contingent Beneficiary: _____
Date of Birth: _____ Soc. Sec. No.: _____ Relationship: _____
Address: _____
- 4. [] SOCIAL SECURITY OPTION BENEFIT (Provide Earnings Statement from Social Security Administration)

Signature

Date

LIST OF ACCEPTABLE DOCUMENTS

**PROOF OF AGE MUST BE FURNISHED BEFORE RETIREMENT BY ALL APPLICANTS
THE SAME IDENTIFICATION RULES APPLY TO YOUR SPOUSE AND YOUR CONTINGENT BENEFICIARY.
YOU WILL ALSO NEED TO PROVIDE A COPY OF YOUR MARRIAGE CERTIFICATE.**

ITEMS ARE LISTED BY ORDER OF PREFERENCE. IF YOU ARE UNABLE TO SUPPLY A DOCUMENT SHOWN UNDER GROUP I, **SUBMIT AT LEAST TWO OF THE OTHER DOCUMENTS SHOWN UNDER GROUP II.** (THE FUND MAY REQUEST ADDITIONAL PROOF IF A CONFLICT EXISTS WITH OTHER INFORMATION OBTAINED.) ALL DOCUMENTS WILL BE RETURNED TO YOU AFTER RECORDING BY THE FUND OFFICE.

I SUBMIT THE FOLLOWING PROOF OF AGE:

GROUP I (ONE PROOF REQUIRED)

- BIRTH CERTIFICATE
- BAPTISMAL CERTIFICATE, SIGNED BY CHURCH OFFICIAL
- CERTIFIED BIRTH REGISTRATION
- CERTIFICATION OF RECORD OF AGE BY THE U.S. CENSUS BUREAU
- HOSPITAL BIRTH RECORD, SIGNED BY THE HOSPITAL ADMINISTRATION
- FOREIGN CHURCH OR GOVERNMENT RECORD
- SIGNED STATEMENT OF PHYSICIAN OR MIDWIFE IN ATTENDANCE
- NATURALIZATION RECORD
- IMMIGRATION RECORD

GROUP II (TWO PROOFS REQUIRED)

- MILITARY RECORD
- PASSPORT
- CERTIFIED SCHOOL RECORD
- CERTIFIED VACCINATION RECORD
- INSURANCE POLICY SHOWING DATE OF BIRTH OR AGE
- CERTIFIED MARRIAGE RECORD, SHOWING DATE OF BIRTH OR AGE
- OTHER RECORDS SUCH AS SIGNED STATEMENTS FROM PERSONS WHO HAVE KNOWLEDGE OF THE DATE OF BIRTH.

HAWAII TRUCKERS TEAMSTERS UNION PENSION PLAN

560 N. Nimitz Highway Suite 209 • Honolulu HI 96817 • Fax (808) 537-1074
Phone (808) 523-0199 • Neighbor Islands Dial Direct 1 (866) 772-8989

EMPLOYER VERIFICATION – UNITED PARCEL SERVICE

(Must be attached to Pension Application)

Employer: Please complete this form and return to your bargained employee for submission with their Pension application.

EMPLOYEE'S NAME: _____ SSN: _____

Please indicate below the employee's date of hire, last day worked and (if applicable) termination date, date of employment, including the job classification(s). Dates of continuous employment in more than one job classification may be combined provided the job classifications are listed. If space is insufficient, please use the reverse side of this sheet.

JOB TITLE BARGAINING	DATE HIRED	LAST DAY WORKED	JOB TITLE NON- BARGAINING	DATE HIRED	LAST DAY WORKED

TERMINATION DATE: _____

PLEASE INDICATE PERIOD OF TERMINAL VACATION PAID, (IF APPLICABLE), AFTER LAST DAY WORKED: _____ VACATION HOURS: _____

Please indicate reason(s) for absences (i.e. Sick Leave, Military Leave, Industrial, etc.)
EXCUSED LEAVE OF ABSENCES WITHOUT PAY

Reason	Dates From/Through

EMPLOYER CERTIFICATION

I certify that the above named information is true and correct to be the best of my knowledge and on record.

Employer Name: _____ Date: _____

Signature of Authorized Person: _____

Title: _____ Telephone #: _____

RETIREMENT DECLARATION

(Notice of Continued Eligibility for Retirement Benefits and
Suspension of Benefits upon Reemployment)

Retirees Name: _____ SSN: _____

The Hawaii Truckers - Teamsters Union Pension Plan (the "Plan") provides that you may retire at any time after attaining Normal Retirement Age and receive full Normal Retirement Benefits under the Plan, starting immediately upon retirement. Retirement is permitted under the Plan before Normal Retirement Age if you have met the minimum age and service requirements, with Early Retirement Benefits commencing before Normal Retirement Age on a reduced basis.

Having submitted an application for retirement benefits under the Plan, you are acknowledging that you will be bound by the rules and regulations of the Plan and that you understand the Plans reemployment and suspension of benefits provisions as follows:

- (a) Suspension of Benefits. A retired Employee who returns to employment in the same industry in the same trade or craft in Hawaii shall have his monthly pension payments suspended for any calendar month of such employment in which he worked forty (40) or more hours.

For purposes of this subsection:

- (1) The "same industry" means the business activity of the type engaged in by any Employer maintaining the Plan, including self-employment.
 - (2) The "same trade or craft" means an occupation in which the Employee was employed at any time under the Plan, or supervisory activities relating to skill or skills utilized in such occupation.
- (b) Resumption of Payments. If pension payments are suspended, payments shall resume no later than the first day of the third calendar month after the calendar month in which the Retiree ceases to be employed, provided that the Retiree has notified the Trustees that he has ceased such employment. The initial payment when resumed will include the payment scheduled to occur in the calendar month when payments resume and any amounts withheld during the period between the cessation of employment and the resumption of payment, less any amounts which are subject to offset.
- (c) Offset Rules. The Plan will offset from benefit payments any overpayments made by the Plan to a Retiree. The offset shall be limited to one hundred percent (100%) of the amount due to the Pensioner for the first payment upon resumption of benefits and twenty five (25%) percent of the monthly benefit amount thereafter until all overpayments are fully recovered.

- (d) Verification. A Retiree, as a condition to receiving pension payments, must notify the Trustees of any employment after his retirement and must provide such reasonable information as the Trustees may request for the purpose of verifying such employment. In addition at least once each year, on a form approved by the Trustees, a Retiree must certify or provide factual information sufficient to establish that he is not and has not been employed at work which would cause a suspension of pension payments, as described in (a) above. Payments otherwise due may be withheld until such requested certification or information is provided.
- (e) Status Determination. The Retiree may request, in writing, and the Trustees in a reasonable amount of time, will render a determination of whether specific contemplated employment will require suspending benefits. Requests for status determination may be considered in accordance with the claims procedure described below.
- (f) Notification. The Trustees shall send a notice by certified mail to each suspended Retiree during the first calendar month in which the Plan withholds pension payments. The notice shall describe the suspension of pension payments and the procedures that may be used to appeal such a suspension.
- (g) Benefit Upon Subsequent Retirement. A Retiree who returns to employment and has his pension payments suspended shall, upon his subsequent retirement, be entitled to receive an increased pension based upon his original pension amount(s) plus any additional pension amount accrued while reemployed.

When pension payments resume, after subsequent retirement, there are no "make-up" payments or other adjustments to the original pension amount(s) to reflect the fact that the Retiree did not receive pension benefits during the period of resumed employment when he could have remained retired and continued to receive benefits. In other words, resumed employment is an alternative to pension benefits for the period of the resumed employment and not just a deferral of the benefits that would have been paid during that time, had the Retiree chosen not to return to work.

If your benefits are suspended and you wish to have your benefit suspension reviewed, the Plans claim review procedures are as follows:

Claim Review Procedure

When a claim is denied, the claimant or his duly authorized representative may file an Application for Review, hereinafter called Application, as follows:

- (a) The Application shall be in writing;
- (b) The Application should be submitted within sixty (60) days after receipt of the Notice of Denial; it may be rejected if it is filed after then unless it is filed within a period of time which is reasonable under the circumstances;
- (c) The claimant or his duly authorized representative may review pertinent documents; and
- (d) The claimant or his duly authorized representative may submit issues and comments in writing.

Upon receipt of the Application, the Trustees shall make a full and fair review of the denial of the claim. Its decision shall be made within sixty (60) days after the Plans receipt of the Application, unless special circumstances require an extension of time for processing the Application; in which case the decision shall be rendered as soon as possible, but not later than one hundred twenty (120) days after receipt of the Application.

It shall be up to the Trustees to decide whether or not a hearing would be useful; if a hearing is to be held, the claimant and his duly authorized representative shall receive at least two weeks notice of the time and place of the hearing (unless it is agreed in writing to a shorter notice). The claimant and his duly authorized representative may appear at such hearing.

The decision on review shall be in writing and shall include specific reasons for the decision, written in a manner calculated to be understood by the claimant. It shall also include specific references to the pertinent Plan provisions on which the decision is based.

The Plans suspension of benefits provisions and this notification are both in compliance with regulations published by the U.S. Department of Labor at 29 Code of Federal Regulations section 2530.203-3.

If you have any questions regarding the above information, please contact the Trust Fund Office located at 560 North Nimitz Highway, Suite 209, Honolulu, Hawaii 96817, telephone number 808-523-0199 during the hours of 8:00 A.M. to 4:30 P.M., Monday through Friday.

The Following Section Must Be Completed By The Retiring Employee (for assistance with respect to (4) and (5) below, please refer to the attached Employer/Business Activity listing):

By my signature below, I hereby affirm the following:

- (1) I am applying for benefits from the Hawaii Truckers -Teamsters Union Pension Plan (the "Plan").
- (2) I have read and understand the Plans suspension of benefits provision as explained above.
- (3) I am not currently employed in any capacity, including self-employment or supervisory activities, in the type of work for which I was employed at any time under the Plan.
- (4) I am not currently employed by any employer whose business activity is the same type of activity engaged in by any Employer currently maintaining the Plan.
- (5) I am not currently employed by any Employer who is a party to a written Labor Agreement with the Hawaii Teamsters and Allied Workers, Local 996 which covers employees participating in the Plan.

I hereby certify that my last employer was _____
(Name of employer)

and that my last day of employment was on _____
(Date)

(Retirees Signature)

(Date)

**Employers Currently Maintaining the
Hawaii Truckers-Teamsters Union Pension Plan**

Hawaii Teamsters and Allied Workers, Local 996 (Union)

Hawaii Transfer Company, Ltd.

Martin Transportation Services

Mercantile Trucking Service, Ltd.

Unicold Corporation

United Parcel Service (UPS)

Yellow Transportation (YRC, Inc.)

**Business Activities Engaged in by
Employers Currently Maintaining the Plan**

Consolidated parcel delivery

Container hauling/Loading and unloading
of storage containers

Cold storage space rental

Distribution and warehousing

Freight distribution and warehousing

Freight trucking, pick-up and delivery services
(including tractors, flatbeds and vans)

Labor union/Labor organization

Transportation and public warehousing
(excluding self-storage units)