

RETIREMENT REQUEST FORM  
FOR  
NORTHERN CALIFORNIA ELECTRICAL WORKERS PENSION PLAN

Name: \_\_\_\_\_ Soc Sec # (XXX-XX-####) \_\_\_\_\_

Address: \_\_\_\_\_  
Street and Number  
\_\_\_\_\_  
City, State, Zip

Date of Birth: \_\_\_\_\_

Last Day of Work: \_\_\_\_\_

Planned Retirement Date: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Spouse Birthdate: \_\_\_\_\_

- Applying for:  Regular Retirement (Age 65 or older)  
 Early Retirement Pension (Age 55-64)  
 Disability Pension (Requires Social Security Disability Award)

For Disability Pension Applications Only:

Date of onset of Disability: \_\_\_\_\_

Have you applied for Social Security Disability Benefits? \_\_\_\_\_

If yes, provide copy of award letter; otherwise indicate status of application (eg. Pending or in process of appeal): \_\_\_\_\_

I am requesting application and documents to commence pension benefits as noted above. I understand that unless I'm entitled to retroactive disability benefits or normal retirement benefits, the starting date cannot be earlier than the first of the month following the date I execute and submit this request. This request will expire if I fail to file the application within 180 days from the date I receive the application with the Explanation of Benefits.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Dated