

Alaska Laborers Trust Funds

Alaska Laborers-Employers Retirement Fund

Mailing Address: P.O. Box 93870 • Anchorage, Alaska 99509-3870

Physical Address: 375 W. 36th Avenue, Suite 200 • Anchorage, Alaska 99503

Phone (855) 815-2323 • Fax (907) 561-4802 • Website www.aklaborerstrust.com

Administered by

Welfare & Pension Administration Service, Inc.

New Retiree Checklist

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THE STEPS BELOW ARE FOR YOUR INFORMATION ONLY AND ARE NOT TO BE CONSTRUED AS A PROMISE OF BENEFITS

The following is a list of the steps necessary to complete your retirement process. If at any time you have questions regarding your retirement, please feel free to call us and we'll be happy to assist you. Please check off the steps as they are completed:

Complete a Retirement Application

When you wish to retire, you must complete a Retirement application in order to receive retirement benefits. Applications are available from the Administration Office, your Local 341 or Local 942 Union Office or you may print one from the website at www.aklaborerstrust.com. **Please allow at least 30 days from receipt of your original application by the Administration Office for your retirement packet and election form to be prepared.** You must follow all instructions on the application and submit the original to the Administration Office, along with the following documents applicable to you:

- A copy of any ONE of the following documents will be acceptable as proof of age:
 1. Birth or Baptismal Certificate
 2. Real ID
 3. Passport

- If neither of the preceding is available, copies of any TWO of the following may be submitted:
 1. U.S. Census Report (at least 20 years old)
 3. Naturalization or Immigration Papers
 5. Life Insurance Policies (at least 10 years old)
 6. Marriage License
 7. Early School Records
 8. Military Records (DD214)
 9. Civil Service Records
 10. Children's Birth Certificates
 11. Written Certification from Social Security
 12. Written Certification from Union Local

***NOTE:** All documentation submitted as proof of age must clearly show your age in order 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.*

- A complete copy of any and all Divorce/Legal separation decree(s) with property settlement agreements, and Qualified Domestic Relation Orders (if applicable for marriages dissolved after 12/31/1984).

☐ **Receive your Election Packet**

Once your applications are received by the Administration office, you will be sent a packet of paperwork personalized for you (and your spouse if applicable). This packet will include your Election form for your Retirement (which quotes your monthly benefit amount with all options available to you), Tax form, Bank form and Retiree Health Insurance and Retiree Legal Benefit Options.

☐ **Complete and Return your Election Packet Forms**

This packet must be completed and returned to the Administration Office by hardcopy before any retirement benefits will be paid. Please allow 30 days for processing before you receive your first payment.

☐ **Election Form**

Your Election form must clearly indicate the retirement option you wish to receive. Retirement effective dates may only be the 1st of the month. Both you and your spouse (if applicable) must make your Election and sign the form **in front of a Notary Public**. If you elect to receive one of the Survivor Options, you must also send:

- Proof of Age Documentation
- A copy of your Marriage Certificate
- If either you or your spouse have changed your name due to marriage, divorce, or any other reason, it is necessary that you submit supporting documents such as Marriage Certificate(s), or other legal documents pertaining to the name change.

☐ **Tax Form**

All your retirement is subject to Income Tax. Federal Income Tax will be withheld based upon your instructions. Withholding amounts can be changed at any time following retirement.

☐ **Bank Form**

We recommend you have your monthly retirement payment sent electronically to your bank each month. Payments are sent to your bank for a deposit on the 1st of each month.

☐ **Retiree Health Plan Election Form (if applicable)**

This form contains important information about Retiree health plan including requirement for Medicare Part D enrollment when eligible, coverage election, and deferral of coverage. Please complete this form regardless of your election of retiree health benefits.

☐ **Retiree Legal Plan Election Form (if applicable)**

☐ **Retirement Benefits approved**

When your completed retirement paperwork has been received, processed and approved by the Administration Office, **you will receive a letter advising when your retirement benefit payments will begin**. If late hours are received from your employer following your retirement, your benefits will be increased retroactive to your retirement date once all hours are received.

☐ **Congratulations!**

If all the steps are checked above, you have completed the retirement process! Thank you for all your years of service with the Locals 341 & 942 of the Alaska Laborers.

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APPLICATION FOR RETIREMENT

Name <i>(Last, First, Middle Initial)</i> _____		Social Security Number _____	
Mailing Address <i>(Street, City, State, Zip)</i> _____			
Union Local No. _____	Birth Date <i>(MM/DD/YYYY)</i> ¹ _____	Home Phone No. _____	Cell Phone No. _____
Email Address _____		¹ Attach a copy of documentary proof of age as specified on reverse page.	

Type of Retirement for which you are Applying <i>(check one):</i>	<input type="checkbox"/> Late <input type="checkbox"/> Normal <input type="checkbox"/> Early <input type="checkbox"/> Disability
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Marital Status <i>(check one):</i>		
<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	Date of Separation or Divorce ² <i>(If divorced more than once, attach listing):</i> _____
<input type="checkbox"/> Previously Divorced/Currently Remarried	<input type="checkbox"/> Legally Separated	
<input type="checkbox"/> Never Married	<input type="checkbox"/> Divorced ²	

² If your marriage was dissolved after December 31, 1984, your election of benefits may be subject to the rights of a prior spouse and you are required to attach a copy of your dissolution decree and property settlement agreement and/or Qualified Domestic Relations Order(s).

If currently married, please enter spouse's information:		
Spouse Name: _____	Spouse Birth Date: _____	Spouse SSN: _____
If not married, Name of Beneficiary: _____ Relationship: _____		
Address of Beneficiary: _____		

Name and address of your most recent employer in the industry:	
Employer Name: _____	Last day worked: _____
Employer's Address: _____	

Name and address of your current employer <i>(if different from above):</i>	
Employer Name: _____	My last date of employment was/or will be: _____
Employer's Address: _____	

List all local unions in which you have held membership or under whose jurisdiction you have worked in the industry:

Local Union	City and State	Dates of Membership	
		From (month/year)	To (month/year)

In accordance with the terms of the Plan, I hereby request that my _____ Retirement to be effective, *(Late, Normal, Early or Disability)*

_____, I agree to furnish any information which the Trustees may require for the determination of *(MM/DD/YYYY)* my eligibility for a benefit or the amount thereof.

I understand that this application can be cancelled by my written request at any time prior to the retirement date indicated above. I also acknowledge receipt of a Summary Plan Description.

Member Signature

Date

SEE REVERSE SIDE