

**CEMENT MASONS' PENSION TRUST FUND – DETROIT AND VICINITY**

**APPLICATION FOR DISABILITY RETIREMENT BENEFITS**

TO: Board of Trustees

I hereby make application for Disability Retirement Benefits understanding that these benefits, if granted, can be terminated at any time by the Trustees. I am basing my application upon my employment and service records established at the Fund Administrator's Office and on my physical condition as decided by the Trustees pursuant to their authority set out in the Trust Agreement and Plan of this Pension Fund.

Effective Date of Disability Retirement Requested \_\_\_\_\_

My physician is: Name \_\_\_\_\_  
Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

I hereby authorize the Board of Trustees of the Cement Masons' Pension Trust Fund – Detroit and Vicinity or the Administrator's office thereof to obtain from my physician whatever information necessary to investigate or substantiate my claim for Disability Retirement, and I hereby authorize my physician (whose name appears above) to release such information to the Trustees or the Administrator's Office upon written request when accompanied by a photocopy of this application form.

My Physician's Medical Report \_\_\_\_\_ is attached \_\_\_\_\_ is not attached

**PERSONAL INFORMATION:**

Name in Full \_\_\_\_\_ Social Security No. \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Date of Birth\* \_\_\_\_\_ Phone No. \_\_\_\_\_ Local Union No. \_\_\_\_\_

\*Satisfactory documentary evidence of the date of birth must be submitted before this application can be approved.

Last Day Worked \_\_\_\_\_ Name of Last Employer \_\_\_\_\_

**MAILING INSTRUCTIONS:**

Mail Benefit Checks to: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street) (City) (State) (Zip)

I hereby certify that the above information, is, to the best of my belief and knowledge, true and complete. Before final action is taken on this application, I understand it will be necessary for me to provide the Trustees with proof of eligibility and documentary proof as to my age.

Date: \_\_\_\_\_ Signature of Employee \_\_\_\_\_