

**IBEW Local Union 354 and Intermountain Chapter  
N.E.C.A. Retirement Benefit Fund**

PO Box 26237  
Salt Lake City, UT 84126

CompuSys of Utah, Inc.

Toll Free (801) 973-1001  
Fax (801) 401-2716

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**Application for Participation**

**Participant Information**

Full Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ Retirement Date: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Spouse's Information:** if you are married at the time of your retirement, please complete the following

Full Name \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Eligibility:**

The benefit payment is determined by the Trustees of the Plan and is subject to change, based upon contribution levels. The Active Members of IBEW Local Union No. 354 are funding this benefit for the IBEW Local Union 354 Retirees.

For those who retire after April 1, 2020, your eligibility for a benefit will be determined upon the Retired Employee's Years of Service and work history within the jurisdiction of IBEW Local 354 ("the Plan"). You may be eligible to become a participant in the Plan on the first day of the month immediately following the date **all** of the following conditions are satisfied:

- I am at least 62 years of age.
- I am a Retired Employee (as defined in the Plan)
- I have worked at least 1,000 hours for a Contributing Employer within the jurisdiction of the Union for at least five (5) of the last eight (8) Plan Years immediately prior to, or including my Date of Retirement.

I do not meet all the above stated criteria but I meet the following:

- On the date of my retirement I was at least age fifty-five (55) or older and less than sixty(60) with twenty (20) Years of Contributory Service
- On the date of my retirement I was at least age sixty (60) or older with ten (10) Years of Contributory Service.

**Eligibility for Disabled Employees.** If a person is found to be a Disabled Retired Employee (meaning you are receiving Social Security Disability Benefits from the Social Security Administration as of the date you are Retired) you may be eligible to become a participant in the Plan on the first day of the month immediately following the date **all** of the following conditions are satisfied:

- I am at least 62 years of age.
- I am a Retired Employee (as defined in the Plan)
- I have earned at least ten (10) years of Contributory Service as of the Date of Retirement
- I have attached a copy of my Social Security Disability Award letter to this application.

**Certification:**

I certify that I have applied for and have begun receiving my Pension Benefit. I also certify that I meet the above listed criteria to begin receiving a benefit from the Plan as of the Retirement Date listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date