



DAIRY INDUSTRY

UNION PENSION PLAN FOR PHILADELPHIA AND VICINITY

P.O. Box 99 • COLLINGSWOOD, NJ 08108

Retirement Type: Normal Early Disability Vested

(This Section is Completed by Member Only)

MEMBER INFORMATION (Please Print and supply copies of both your birth certificate and social security card and if applicable, your spouse's birth certificate, marriage certificate and a copy of their social security card.)

Name: _____

Address: _____

Phone Number: _____ Email: _____

Sex: Male Female

Date of Birth: _____ Social Security No: _____
Month Day Year

Name of Last Employer Who Paid Pension Contributions Covering You:

Union Local No: _____ Continuous Service in Industry Since Date(Hire date): _____
(Date)

Other Companies You Have Worked For: _____

State Periods of Employment as a Non-Union Employee: _____

Expected Retirement Date: _____ Retirement is always the 1st of the month

Are you receiving Health and Welfare weekly benefits Yes No

SPOUSE INFORMATION

Spouse's Name: _____ Spouse's Date of Birth: _____

Spouse's Social Security No: _____ Date of Marriage _____

I hereby apply for a retirement pension under the Dairy Industry-Union Pension Plan for Philadelphia and Vicinity. I hereby certify that the above statements are true and to the best of my knowledge and belief.

Date: _____

Signature of Employee

DAIRY.ASP-BENEFITS.COM

MAIN (856) 382-2492 • TOLL-FREE (833) 925-5585 • FAX (856) 382-2401

(The below information needs to be completed by the Employer Only)

**DAIRY INDUSTRY-UNION PLAN
(FOR PHILADELPHIA AND VICINITY)
RETIREMENT PENSION APPLICATION**

***If this form is not completed by the Employer, we will not be able to begin your Pension payments until it is received.**

(This Section Completed by Employer Only from Company Records)

Name of Employee: _____

Last day Employee is expected to work or worked: _____
(Date)

Employee's Date of Birth: _____
Month Day Year

Continuous Service in Industry since: _____
(Date)

Does Employee have continuous service on or after effective date of Plan as a Non-Union Employee?

Yes No

Show Periods of Non-Union Employment: _____

Will Employee receive vacation pay? Yes No

If yes, for what period? _____

Will vacation be paid in a lump sum? Yes No

Date Received from Employee: _____

Name of Employer: _____

Employer Contact Information: (either email or phone #): _____

By: _____
(Name and Title)

If my employer does not complete this form, I give the Dairy Pension Plan authorization to contact the company for my last day of work and any other pertinent information needed to complete my Pension paperwork.

Employee Signature: _____