

CARPENTERS SOUTHWEST ADMINISTRATIVE CORPORATION

533 South Fremont Avenue Los Angeles, CA 90071-1706

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## SOUTHWEST CARPENTERS PENSION PLAN

## APPLICATION FOR PENSION CREDIT DURING PERIOD OF TEMPORARY DISABILITY

**1.** I am requesting Pension Credit for:

 $\hfill\square$  Workers Compensation temporary disability payments

□ State approved short-term disability

	From	to Final Date	
	Starting Date	Final Date	
2. My last	My last day in Covered Employment prior to the above dates was		
3. If claim	3. If claim is related to Workers Compensation:		
Name	of institution from which payments	were issued	
Addre	ss of above		
<b>4.</b> If claim	n is related to State approved short-te	rm disability:	
Name	of institution from which payments v	were issued	
Addre	ss of above		
5. This dis	sability was: □occupational	□non-occupational	
Please complete the bottom of this form after reading the following:			
This appli	cation must be completed and sub	mitted within 12 months of the date that you became disabled.	
	n to this completed form, you must equesting Credit (for example, phot	t submit proof of disability payments for <u>all</u> periods for which tocopies of check stubs).	
If you late	er experience another period for wl	nich you wish to receive Credit, you must complete another form.	
Mail this	form to:		
	Carpenters Southwest Administra 533 South Fremont Avenue Los Angeles, CA 90071-1706 Attn: Pension Department	ative Corporation	
Name	Socia	Social Security Number/Participant Number	
Address		Phone	

Administering Benefits for the Southwest Carpenters Trusts

Signature \_\_\_\_\_ Date Completed \_\_\_\_\_