

Carpenters Southwest Administrative Corporation

SOUTHWEST CARPENTERS PENSION PLAN

APPLICATION FOR PENSION CREDIT DURING PERIOD OF TEMPORARY DISABILITY

1.	I am requesting Pension Credit for:	☐ Workers Compensation temporary disability payments	
		☐ A period of temporary hospitalization as a bed patient	
	FromStarting Date	to Final Date	
2.	My last day in Covered Employment p	rior to the above dates was	
3.	If claim is related to Workers Compensation : Name of institution from which payments were issued		
	Address of above		
4. If claim is related to hospitalization :			
	Name and address of hospital		
5.	This disability was: □occupation	al □non-occupational	
Please complete the bottom of this form after reading the following:			
This application must be completed and submitted within 12 months of the date that you became disabled.			
In addition to this completed form, you must submit proof of disability payments for \underline{all} periods for which you are requesting Credit (for example, photocopies of check stubs).			
If you later experience another period for which you wish to receive Credit, you must complete another form.			
Mail this form to:			
	Carpenters Southwest Admi 533 South Fremont Avenue Los Angeles, CA 90071-170 Attn: Pension Department	•	
Na	me	Social Security Number/Participant Number	
Ac	ldress	Phone	
Sig	gnature	Date Completed	