

TOLEDO ELECTRICAL WELFARE FUND
P.O. BOX 60408
ROSSFORD, OH 43460
TELEPHONE: (419) 666-4450 FAX: (419) 666-5410

APPLICATION FOR RETIREMENT

YOUR ELIGIBILITY IN THE TOLEDO ELECTRICAL WELFARE FUND WILL CONTINUE FOLLOWING YOUR RETIREMENT ONLY IF YOU MEET THE FOLLOWING CRITERIA.

Check () one:

() Rule of 85 Eligibility

55 years of age and have at least 30 years of service;

() Early Retirement Eligibility

Between the ages of 60 and 65, 120 months of eligible participation in the Fund and have had a total of 36 continuous eligible months of participation in the Fund immediately prior to retirement;

Must be 50 years of age, 25 years of participation in the Plan with 5 years participation immediately prior to retirement.

() Normal Retirement Eligibility

Must be 65, had a total of 120 months of eligible participation in the Fund and have had a total of 36 continuous eligible months of participation in the Fund immediately prior to retirement.

PLEASE BE CERTAIN TO READ THE PAGES IN THE PLAN BOOKLET THAT APPLY TO THE ELIGIBILITY AND BENEFIT PROVISIONS OF A RETIREE.

Name	_____
Social Security Number	_____
Address	_____
City, State, Zip Code	_____
Date of Birth	_____
Telephone Number	_____
Date Last Worked	_____

SEE OTHER SIDE

Please enclose proof of age (i.e.) copy of birth certificate, social security award, etc.) If you are age 65, please enclose a copy of your Medicare health insurance card.

Signature

Date

The Fund will inform you of your effective date of retirement eligibility and the date by which your first payment is due. Feel free to telephone the Fund office at (419) 666-4450 should you have any questions.