

**PART 1 (TO BE COMPLETED BY PLAN MEMBER/BENEFICIARY)**

- **TERMINATION** benefit (prior to age 55)
- **EARLY RETIREMENT** benefit (age 55 to age 64) (Please attach proof of age\* for Plan Member)
- **RETIREMENT** benefit (age 65 to age 69) (Please attach proof of age\* for Plan Member)

\* Acceptable proof of age can be a copy of any of the following documents:  
a birth certificate, passport or a government issued identification.

Plan Member's Name: \_\_\_\_\_

Address: \_\_\_\_\_ APT.# \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                            **Year**            **Month**            **Day**

Gender:     M     F     Non-binary     (Specify): \_\_\_\_\_

S.I.N. : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Have you worked at any other employer while you were a member of Local 75?

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Marital Status:     Single             Married             Common Law     Separated             Divorced             Widowed

Spouse's/Partner's Name: \_\_\_\_\_

Spouse's/Partner's Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
  **Year**            **Month**            **Day**

I understand the pension benefit will be based on the terms of the UNITE HERE Pension Plan (formerly called the H.E.R.E. Union Local 75 Pension Plan), the records established by the Plan Administrator, and any applicable laws. I hereby certify that the above information is true and complete to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please send the completed form (including part 2 - see over) with proof of age

to: **UNITE HERE Pension Plan c/o Ellement Consulting Group**

mail:

**1345 Taylor Ave  
Winnipeg, MB R3M 3Y9**

email:

**unitehere75@ellement.ca**

fax:

**(204) 954-7310**

# UNITE HERE PENSION PLAN APPLICATION FOR PENSION BENEFITS

## PART 2 (TO BE COMPLETED BY EMPLOYER)

Employee's Name: \_\_\_\_\_  
Last Name First Name

Date Started Employment: \_\_\_\_\_  
Year Month Day

Date Terminated Employment: \_\_\_\_\_  
Year Month Day

Last Day worked: \_\_\_\_\_  
Year Month Day

Date of Last Pension Plan Contribution: \_\_\_\_\_  
Year Month Day

If Last Day Worked/Last Pension Contribution is different than Date of Termination, please provide an explanation:

I hereby certify the above information to be correct.

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Employer):

Comments:

Please send the completed form with the proof of age to:

UNITE HERE Pension Plan c/o Ellement Consulting Group

mail:

1345 Taylor Ave  
Winnipeg, MB R3M 3Y9

email:

unitehere75@element.ca

fax:

(204) 954-7310

Please allow six weeks from your last day worked for processing. If you do not complete all sections of your application or enclose the required documents, it may cause delay. The information provided on this application will only be used for the purpose of administering the UNITE HERE Pension Plan.

### Unite Here Pension Plan

c/o Ellement Consulting Group

1345 Taylor Avenue

Winnipeg, MB R3M 3Y9

Phone: 647.375.1190

Toll Free: 888.839.1190

Fax: 204.954.7310

Email: unitehere75@element.ca