



**EARLY RETIREMENT**

A SUPPLEMENTAL PENSION FOR ACTIVE PARTICIPANTS EQUAL TO THE EARLY RETIREMENT \$1,500.00 BENEFIT (MAXIMUM OF PAYABLE BETWEEN AGES 59 ½ TO 62) \$1,500.00 MAXIMUM IS DECREASED BETWEEN THE AGES OF 55 - 59 ½ .

**INSTRUCTIONS ON BENEFITS**

**DEATH BENEFITS**

L.U. #102, DEATH BENEFIT FUND AND I.B.E.W. PENSION FUND CLAIMS SHALL BE MADE AT THE LOCAL UNION OFFICE

**EARLY RETIREMENT (AGES 55 TO 62)**

CONTACT LOCAL UNION OFFICE AND I.E. SHAFFER GROUP 2 MONTHS PRIOR TO RETIREMENT

**NOTE:** MUST PAY MONTHLY DUES UNTIL THE AGE OF 62

**PENSION BENEFITS (AGES 62 AND OVER)**

**I.B.E.W. PENSION N.E.B.F.** CONTACT L.U. #102, FINANCIAL SECRETARY AT LEAST 6 MONTHS AHEAD OF RETIREMENT DATE, TO SEND FORMS AND PROCESS. NOTIFY, IN WRITING, 2 MONTHS BEFORE YOU REACH AGE 62, I.E. SHAFFER & CO.

**ANNUITY FUND**

CONTACT THE LOCAL UNION OFFICE FOR FORMS. WHEN **RETIRED** AND REACH THE AGE 70 ½ YOU MUST DRAW OUT THE MINIMUM AMOUNT. CONTACT I.E. SHAFFER.

**LOCAL 102 WELFARE FUND**

L.U. #102 HAS FORMS FOR DOCTOR BILLS. ANY QUESTIONS REGARDING PAYMENTS OR BENEFITS, CALL I.B.E.W. CLAIM PROCESSING AT 1-888-IBEW-102. PREADMISSION REVIEWS BEFORE A HOSPITAL STAY, AND SECOND SURGICAL OPINIONS ARE **MANDATORY**. FOR ELIGIBILITY, CALL I.E. SHAFFER & CO. 1-800-792-3666. **DENTAL COVERAGE - DELTA DENTAL PLAN.** ALL INFORMATION MAY BE OBTAINED BY CALLING 1-800-452-9310. WHEN YOU OR YOUR SPOUSE REACHES AGE 65 YOU **MUST TAKE MEDICARE PLAN B IMMEDIATELY.** WHEN YOU REACH THE AGE OF 62 YOU MUST NOTIFY I.E. SHAFFER & CO. FOR LIFETIME BENEFIT.

**TEMPORARY DISABILITY**

FORMS ARE AVAILABLE AT THE LOCAL UNION OFFICE. COMPLETE YOUR SECTION OF THE FORM, HAVE YOUR EMPLOYER AND THE DOCTOR COMPLETE THEIR SECTIONS, AND MAIL TO THE ADDRESS LOCATED AT THE TOP, RIGHT-HAND CORNER OF THE FORM WITHIN TWENTY-EIGHT (28) DAYS OF DISABILITY.

**TO CHANGE BENEFICIARIES**

CALL THE LOCAL UNION OFFICES FOR FORMS

**WORKERS COMPENSATION**

IF YOU ARE INJURED ON THE JOB, YOU CANNOT USE YOUR MAGNACARE. HAVE ALL BILLS SUBMITTED TO THE CONTRACTOR YOU WERE WORKING FOR AT THE TIME OF THE INJURY. **DO NOT LIST THE LOCAL UNION AS YOUR EMPLOYER.**

**THIS SHEET IS INTENDED TO GIVE YOU GENERAL INFORMATION ONLY. FOR DETAIL AND ALL PERTINENT INFORMATION REGARDING THE ABOVE, PLEASE READ YOUR BOOKLETS!!!!**