



MEMORANDUM

Subject: Waiver of Suspension of Benefits Application

Date: December 12, 2016

From: Tim D. Maitland, Fund Administrator

Waiver of Suspension of Benefits applications may be completed by a participant, employer, or District Council Business Manager/Treasury Secretary (BMST). Applications completed by individuals/participants must be reviewed and signed by the applicable BMST. Applications completed by Employers on behalf of employees of their company do not require BMST review. **Completion of an application does not provide approval of the waiver of suspension of benefits. Retirees are not authorized to return to work prior to receipt of authorization from the Fund office.**

Please reference the Waiver of Suspension of Benefits Applications Instructions chart for information on how to complete the application. No “blanket” or generic waiver applications will be reviewed for approval (e.g. “District Council 00 requests waiver of suspension of benefits for all retirees in a supervisory role within their jurisdiction”).

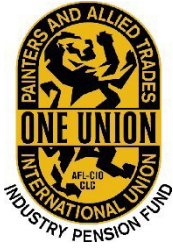
Per Fund policy and guidance from the U.S. Internal Revenue Service (IRS), any arrangement or expectation to return to work with a contributing employer (in any capacity) prior to retirement, regardless of the lapse of time, invalidates any retirement application. Additionally, any return to work within 60 days of retirement will invalidate a retirement application.

Applications may only be submitted for the current calendar year ending on December 31, 2017.

Should the waiver be approved, an authorization letter will be sent to both the BMST and employer (if applicable) granting the request. The Granted Waiver Authorization letter will include a form that must be signed by each individual retiree for which the waiver is granted. All signed letters must be returned to the Fund office and placed on file in order to validate the waiver.

Completed forms and applications should be submitted electronically to the Fund office via email to waivers@iupat.org. If you choose to submit an application via hard-copy, please allow time for mail processing. Hard-copies should be mailed to the Fund office address listed above to the attention of Ms. Laurie Smith.

Questions about completing an application should be directed to waivers@iupat.org or you may call the Fund office at **(410) 564-5502**. Please allow 3 business days after submitting an application via email before inquiring about the status. The Fund office will respond with letter of acknowledgement upon receipt of all applications.



INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN

7234 Parkway Drive
Hanover, MD 21076
Phone (800) 554-2479 / Fax (866) 656.4160 / E-mail: pension@iupat.org

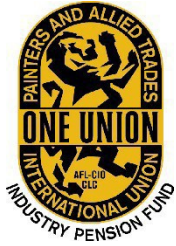
2017 WAIVER OF SUSPENSION OF BENEFITS APPLICATION INSTRUCTIONS

The following chart will assist in completing the *Waiver of Suspension of Benefits Application*. Be sure to complete all applicable sections prior to submitting an application. Incomplete applications cannot be approved and may cause a delay in processing.

Applicant Type: I am...		
Section	A Participant completing the application for myself.	An Employer or BMST completing the application for someone else.
Section 1		
1A	✓	✓
1B	✓	
1C - 1E	✓	✓
Section 2		
2A - 2D	✓	✓
2E	✓	✓ Must list names and SSNs of all retirees requesting a waiver on page 3 of the Form.
2F – 2G	✓	✓
Section 3		
3	✓ Description of applicable justifications for waiver provided in Section 4. Must provide detailed explanation on page 3 of the Form.	✓ Description of applicable justifications for waiver provided in Section 4. Must provide detailed explanation on page 3 of the Form.
Section 5		
5	✓	✓
Section 6		
6	✓ Applications completed by individuals/participants must be reviewed and signed by the applicable BMST.	✓ Forms completed by BMSTs must only be signed once by the BMST in the BMST Signature Field.

**Waiver of Suspension of Benefits Application
Frequently Asked Questions (FAQs)**

1. **Who can complete/submit a Waiver of Suspension of Benefits Application?**
Waiver of Suspension of Benefits applications may be completed by a participant, employer, or District Council Business Manager/Treasury Secretary (BMST). Applications completed by individuals/participants must be reviewed and signed by the applicable BMST.
2. **How long does it take to process the application?**
Processing of Waiver of Suspension of Benefits applications may take up to 30 business days. The Fund office will respond with letter of acknowledgement upon receipt of all applications. Please note that completion of the application does not provide approval of the waiver of suspension of benefits. Retirees are not authorized to return to work prior to receipt of authorization from the Fund office.
3. **How do I submit my completed form?**
*Completed forms should be submitted electronically to the Fund office via email to waivers@iupat.org. If you choose to submit an application via hard-copy, please allow time for mail processing. Hard-copies should be mailed to:
IUPAT Pension Fund | Attn: Laurie Smith | 7234 Parkway Drive Hanover, MD 21076*
4. **Can I (or my employees) immediately return to work once the application is submitted to the Fund office?**
No. Completion of the application does not provide approval of the waiver of suspension of benefits. Retirees are not authorized to return to work prior to receipt of authorization from the Fund office.
5. **Do I need to fill-out all sections of the form?**
Please reference the Waiver of Suspension of Benefits Applications Instructions chart to determine which fields you must complete.
6. **I am an employer or BMST completing the application for someone else. Do I need to list everyone for whom I am requesting a waiver or can I just list their job titles?**
All known retirees requesting a waiver must individually be listed including their social security numbers on page 3 of the application.
7. **I am an employer completing the application for my employees. Must I obtain signature approval from the IUPAT BMST prior to submitting this application?**
No. Applications completed by Employers on behalf of employees of their company do not need to be signed by a BMST.
8. **I am an Employer or BMST and I have completed the application on behalf of someone else. Why is there no section for the employee to whom the waiver applies to sign the form?**
Should the waiver be approved, an authorization letter will be sent to both the BMST and employer (if applicable) granting the request. The Granted Waiver Authorization letter will include a form that must be signed by each individual retiree for which the waiver is granted. All signed letters must be returned to the Fund office and placed on file (per the instructions) on the letter in order to validate the waiver.
9. **If granted, how long is the waiver active?**
Waivers are valid through the date listed in Section 2C of the application unless otherwise indicated. Applications may only be submitted for the current calendar year. Application requests extending into an upcoming calendar year may only be submitted 90 business days prior. The Fund office retains the right to revoke waiver authorizations or re-evaluate any waiver decision at its discretion.
10. **I have a question about completing application or about my waiver status. Who should I contact?**
Questions about completing an application should be directed to waivers@iupat.org or you can call the Fund office at (410) 564-5502. Please allow 3 business days after submitting an application via email before inquiring about the status. The Fund office will respond with letter of acknowledgement upon receipt of all applications.



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2017 WAIVER OF SUSPENSION OF BENEFITS APPLICATION

Section 1: Applicant (Section 1 to be completed Person completing form. This form may be completed by a participant, Employer, or District Council BMST.)	Application #:
A. Name (Last Name, First Name)	B. Applicant's Social Security No. (if completed by participant)
C. Address (include City, State and Zip Code)	D. Phone
	E. Email
Section 2: Waiver Work Describe the work for which a waiver of suspension is requested. Attach any pages with additional information that may be helpful.	A. IUPAT District Council
B. Work Location (Jobsite with Address / Geographical Area)	C. Work Duration (maximum through 12/31/2017)
D. Employer Name(s) (For multiple employers, identify the largest employers)	E. Estimated No. of Potential Working Retirees (See page 3)
F. Trade and/or Job Description	G. Estimated No. of Potential Retiree Work Hours
Section 3: Waiver Reasons (Check all the reasons you are seeking a waiver of suspension of benefits and explain them as detailed on page 3 of this form.)	
<input type="checkbox"/> Full Employment in the area or trade	
<input type="checkbox"/> Special Skills Work	
<input type="checkbox"/> Temporary jobs with unusual manpower needs	
<input type="checkbox"/> Employer special needs	
<input type="checkbox"/> Work with no or limited Impact on Active Participants	
<input type="checkbox"/> Other _____	

Section 4: Detailed Explanation of Waiver Reasons

Explain the reasons you are seeking a waiver of suspension of benefits in detail on page 3 with any additional information that may be helpful.

Full Employment. Explain the level of unemployment in the area or trade for which a waiver is requested, with the actual number of out-of-work members if possible. Provide detail on efforts under way to meet the needs of the industry without relying on retirees returning to work on waiver of suspension.

Special skills Work. Identify any special skills required for the proposed waiver work and the reasons that there are no available or trained active employees with those skills. Provide detail on efforts under way to meet the needs of the industry without relying on retirees returning to work on waiver of suspension.

Temporary jobs with unusual manpower needs. Describe any large or special projects with unusual manpower needs and the reasons that travelers cannot fill those needs. Provide detail on efforts under way to meet the needs of the industry without relying on retirees returning to work on waiver of suspension.

Employer special needs. Explain any special needs of an employer for a specific retiree to work. (This may include transition and training of a successor though this should generally be performed prior to retirement). Provide detail on efforts under way to meet the needs of the industry without relying on retirees returning to work on waiver of suspension.

Work with no or limited Impact on Active Participants. Explain any reasons that the proposed waiver work will not displace an active employee or undermine the Plan’s contribution base even though it legally may be suspendible work.

Other. The Pension Plan suspension rules apply to any work within the jurisdiction of the IUPAT and related work which involves skills used or learned in contributory IUPAT work, such as selling, retailing, managerial, clerical, professional occupations, or supervisory activities relating to such skills. Explain any reasons why the proposed waiver work is not or should not be treated as suspendible work.

Section 5: Contribution Requirement

(IUPAT Industry Pension Fund contributions must be paid on all waived work as a condition of the waiver.)

The work proposed for a waiver of suspension is covered by a collective bargaining agreement* requiring Pension Fund Contributions: [identify agreement] _____

The work proposed for a waiver of suspension is NOT** covered by a collective bargaining agreement requiring Pension Fund Contributions: [identify employer] _____

*Example: Skilled worker actively working with tools (e.g. glazier, painter, drywall finisher, floor layer, etc.)

**Example: Supervisory roles, non-field worker (e.g. superintendent, instructor, estimator, etc.)

Section 6: Applicant Verification

- Applications completed by individuals/participants must be reviewed and signed by the applicable Business Manager/Secretary Treasurer(BMST).*
- I have read and understand the previous statements and all answers and information provided on this application.
- Pursuant to federal law, I state under penalty of perjury that the foregoing application and attachments for a waiver of the suspension of benefits rules of the Pension Plan are true to the best of my knowledge, information and belief. **I understand that completion of this application does not provide approval of the waiver of suspension of benefits. Retirees are not authorized to return to work prior to receipt of notification of authorization from the Fund office.**

Printed Name of Applicant	Signature	Date
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I recommend this application for further review and committee determination.

*Printed Name of BMST	Signature	Date
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Section 2E (continued): List Potential Working Retirees

List the names, Social Security Numbers and District Council/Local Union affiliations of all retirees including in this request for waiver suspension of benefits. In the last column indicate if the retiree has received a waiver within the last 5 years. (Make additional copies of this page as necessary.)

Last Name, First Name	Social Security #	District Council	Local Union (if applicable)	Retirement Date	Previous Waiver?
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Section 3 (continued): Waiver Reasons

Explain in detail reasons for seeking waiver of suspension of benefits as referenced in Section 3 of this form.

This form should be completed and submitted to the Fund office via email to waivers@iupat.org. Please contact Laurie Smith of the Fund office at (410) 564-5502 with any questions.

SECTIONS 7 & 8 TO BE COMPLETED INTEROFFICE FOR REVIEW/APPROVAL

Section 7: General Vice President Review. I have reviewed this application and make the following recommendation.

Approve – Waiver of Suspension of Benefits for listed retirees is granted.

Deny – Waiver of Suspension of Benefits for listed retirees is denied.

Approve w/ Conditions – Waiver of Suspension of Benefits for listed retirees is granted with the following limitations or conditions:

Printed Name

Signature

Date

Section 8: Waiver Committee Determination. I have reviewed this application and make the following recommendation.

Approve – Waiver of Suspension of Benefits for listed retirees is granted.

Deny – Waiver of Suspension of Benefits for listed retirees is denied.

Approve w/ Conditions – Waiver of Suspension of Benefits for listed retirees is granted with the following limitations or conditions:

Printed Name

Signature

Date