



MEMORANDUM

Subject: Waiver of Suspension of Benefits Application

Date: November 15, 2017

From: Tim D. Maitland, Fund Administrator

Waiver of Suspension of Benefits applications may be completed by a participant, employer or District Council Business Manager/Treasure Secretary (BMST). Applications completed by individuals/participants must be reviewed and signed by the BMST. Applications completed by Employers on behalf of employees of their company do not require BMST review, however they must be made aware of the recommendation for their records. **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.**

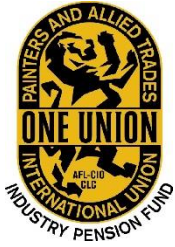
Per Fund policy and guidance for the Internal Revenue Service, any arrangement or expectation to return to work with a contributing employer (in any capacity) prior to retirement, regardless of the lapse of time, invalidates any retirement application. Additionally, any return to work within 60 days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

Applications may only be submitted for the current calendar year ending on December 31, 2018.

Should the waiver be approved, an authorized 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 at the address listed above, attention to 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. The Fund office will respond with a letter of acknowledgement upon receipt of an application.



**INTERNATIONAL PAINTERS AND ALLIED TRADES
INDUSTRY PENSION PLAN**

7234 Parkway Drive
Hanover, MD 21076

Phone (800) 554-2479 / Fax (866) 656-4160 / E-mail: waivers@iupat.org

2018 WAIVER OF SUSPENSION APPLICATION

Section 1: Applicant (This is to be completed by the person submitting the form. This can be a participant, Employer or BM/ST)	Application #
Name (Participant / Employer / District Council or Local Union)	Applicant's Social Security No. (if participant is completing)
Address	Phone
	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.	IUPAT District Council
Work Location (Jobsite with Address / Geographical Area)	Work Duration (maximum of 12/31/2018)
Employer Name(s) (For multiple employers, identify the largest employers)	Estimated Number of Potential Working Retirees (See page 3)
Trade and/ or Job Description	Estimated Number 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 the back 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 attached sheets 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 skill 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 would 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 a 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 but the employer will pay 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 BM/ST.*
- 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 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 7: List Potential Working Retirees:

List the names, Social Security Numbers and District Council / Local Union affiliations of all retirees included in this request for waiver of suspension of benefits. (Make additional copies of this page as necessary).

Name	Social Security Number	District Council	Local Union

Section 8: Reason waiver is needed

Explain in detail reasons for seeking a waiver of the suspension of benefits rule 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 at the Fund office at 410-564-5502 with any questions. Please note this application must be filled out in its entirety.