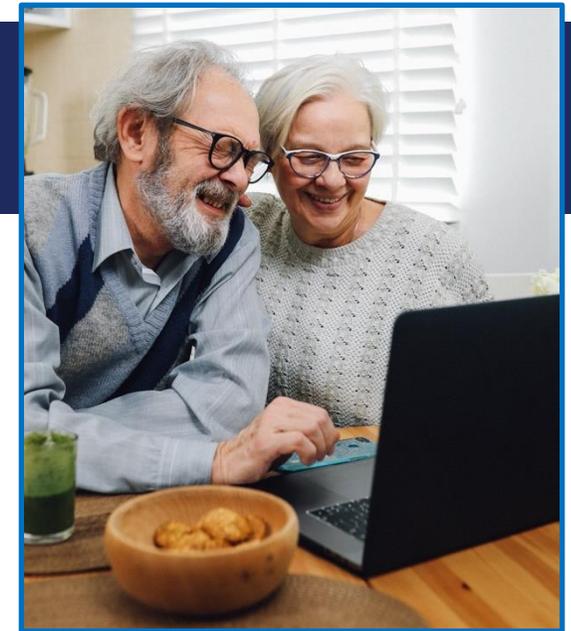


RETIRING SOON?..... WHAT YOU NEED TO KNOW



TOPICS

- ✓ PLANNING FOR RETIREMENT
- ✓ PENSION APPLICATION PROCESS
- ✓ REEMPLOYMENT AND POST-RETIREMENT INFORMATION
- ✓ TEAMCARE RETIREE HEALTH COVERAGE
- ✓ Q & A



UPS EMPLOYEES



PHONE: 1-800-643-4442



E-MAIL: RETIREMENTDEPT@UPS.COM



MAIL: UPS/IBT FULL-TIME EMPLOYEE PENSION PLAN
55 GLENLAKE PARKWAY NE
ATLANTA, GEORGIA 30328



**UPS EMPLOYEES SHOULD FILE FOR BENEFITS WITH
THE UPS/IBT FULL-TIME EMPLOYEE PENSION PLAN DIRECTLY.**



PLANNING FOR RETIREMENT

BEFORE APPLYING:

KNOW YOUR BENEFIT
AMOUNTS

CONSIDER DIFFERENT
RETIREMENT DATES

GET REEMPLOYMENT
APPROVED

BE AWARE OF THE
STATUS OF YOUR CBA

KNOW SURVIVOR
BENEFIT OPTIONS

PLAN FOR HEALTH
COVERAGE

GATHER YOUR
DOCUMENTS

BE AWARE OF FILING
DEADLINES

KNOW YOUR BENEFIT AMOUNT!



Plan Benefits ▾ Helpful Resources ▾ About Us

Log In Register

It's not too early to start planning for retirement

* Username

Enter username

[Forgot username?](#)

* Password

Enter password

[Forgot password?](#)

Log In

Don't have an account? [Register](#)



Account Home ▾ Plan Benefits ▾ Helpful Resources ▾

Search

Contact Us

MB Mark My Profile >

Log Out

Account Home

Account Summary

Benefit Estimator

Pension Application

Tax Calculator

Work History

Statements

Connect With Us

Message Center

Submit Documents

Contact Us

Account Summary

Access your most frequently used forms, important documents, and view key details about your account profile.

Welcome, MARK!

Enable Two-Factor Authentication

Central States Pension Fund now offers two-factor authentication. Sign up to protect your account.

Remind Me Later

Enable

Monthly Pension Benefit Estimate ⓘ **\$3,308.96**

Annual Pension Benefit Estimate ⓘ **\$39,707.52**

The amounts indicated are only projections of future potential retirement benefits you may earn and are not meant to be a guarantee of benefits.

Last Update: 07/27/2024

Benefit Estimate Age ⓘ

62

Contributory Credit ⓘ

25.772

Vesting Status ⓘ

Vested

Vesting Years ⓘ

27

DISCLAIMER

You can use the Pension Benefit Estimator to project future potential retirement benefits you may be able to earn as a Member in the Central States, Southeast and Southwest Areas Pension Plan. Although this information is designed to help you plan for your retirement, be aware that the amounts

LIFETIME SURVIVOR BENEFIT OPTIONS (IF MARRIED)

JOINT AND SURVIVING SPOUSE OPTIONS (JSO)

RECIPIENT	50% OPTION	75% OPTION
MEMBER	\$878	\$827
SURVIVING SPOUSE	\$439	\$620
MEMBER (RESTORED)	\$1,000	\$1,000

ASSUMES \$1,000 MONTHLY BENEFIT WITHOUT JSO, PARTICIPANT AGE OF 65 AND SPOUSE AGE OF 63 AT RETIREMENT

WHEN CAN BENEFITS START?

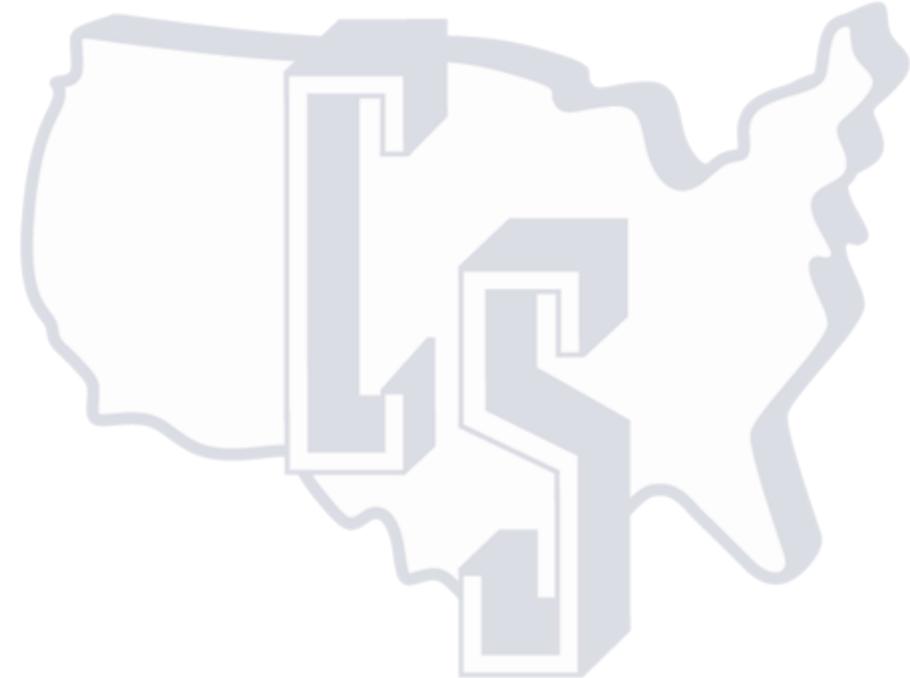
- AGE 57 OR OLDER, AND

- TERMINATED EMPLOYMENT OR NO
RESTRICTED REEMPLOYMENT

MAXIMUM OF
12 MONTHS
RETROACTIVE
BENEFITS

GATHER DOCUMENTS

- ✓ MEMBER'S BIRTH CERTIFICATE
- ✓ SPOUSE'S BIRTH CERTIFICATE
- ✓ MARRIAGE CERTIFICATE
- ✓ DIVORCE DECREE



QDRO / DIVORCE SITUATION

FOR QUESTIONS REGARDING QDRO / DIVORCE

PHONE: **800-323-2152** EXT. 3876

EMAIL THE QDRO DEPARTMENT AT **QDROMAIL@CENTRALSTATES.ORG**



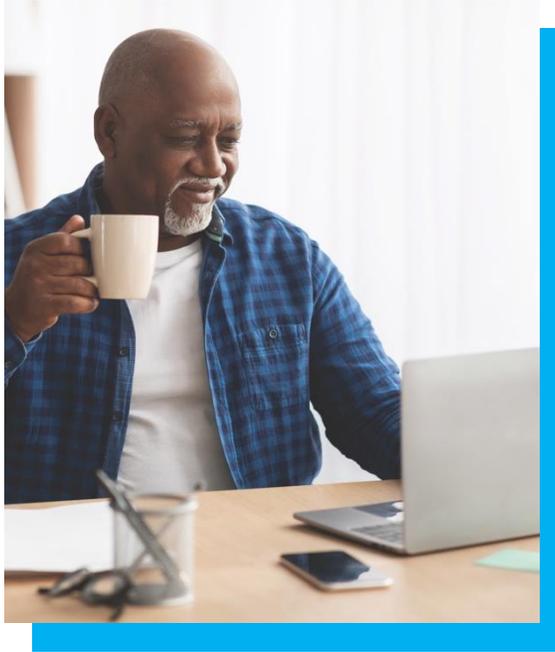
KNOW YOUR CBA STATUS – RPW RULE

ELIGIBILITY FOR GREATER BENEFITS MAY BE LOST WHEN:

**EMPLOYER
PARTICIPATION IN
CSPF ENDS**



**UNDER 13
BENEFIT
PAYMENTS
COLLECTED
BEFORE LAST CBA
WITH CSPF ENDS**



APPLYING FOR RETIREMENT

APPLY
EARLY

APPLY
EARLY

APPLY
EARLY



1. COMPLETE APPLICATION

UPS MEMBERS: 90 DAYS THRU UPS

NON-UPS MEMBERS: 90-180 THRU CENTRAL STATES



2. ENCLOSE YOUR LEGAL DOCUMENTS

BIRTH CERTIFICATES, MARRIAGE CERTIFICATES, DIVORCE
DECREE TO EITHER UPS PLAN OR CENTRAL STATES

3. IF MARRIED, SELECT SPOUSE SURVIVOR OPTIONS:

50% JSO AND 75% JSO

4. NAME A RETIREMENT DATE

5. ENJOY A LONG WELL -DESERVED RETIREMENT

Account Home

- [Account Summary](#)
- [Benefit Estimator](#)
- [Pension Application](#)
- [Tax Calculator](#)
- [Work History](#)
- [Statements](#)

Connect With Us

- [Message Center](#)
- [Submit Documents](#)
- [Contact Us](#)

Pension Application

Follow these steps to submit your pension application.

[Get Application](#) [Required Information](#) [Optional Forms](#) [Submit Application](#)

Download Application

To apply for **retirement benefits**, you must first download and save the benefit application to your computer. The benefit application forms are fillable forms so you can type the information into the form and save the updated forms to your computer. Once you have completed all fillable portions of the forms you can print the completed forms and add your signature where required.

We recommend that you submit the application at least 90 days (but not more than 180 days) before your retirement date.

[Download Application](#)

NON-UPS RETIREES



PENSION APPLICATION FORM/ BACKGROUND INFORMATION/EMPLOYMENT HISTORY

PRINT OR TYPE ALL INFORMATION

PARTICIPANT'S SOCIAL SECURITY NO.	LAST NAME	FIRST NAME	MIDDLE INITIAL	GFNDR <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	IF FFMAI F. MAIDFN NAME
STREET ADDRESS		CITY	STATE	ZIP CODE	HOME PHONE NUMBER (incl. Area Code)
E-MAIL ADDRESS					
MILITARY SERVICE (MONTH / YEAR) FROM TO		DATE OF BIRTH MONTH / DAY / YEAR		RETIREMENT DATE MONTH / DAY / YEAR	
MARITAL STATUS MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	SPOUSE'S LAST NAME	FIRST NAME		MIDDLE INITIAL	IF FEMALE, MAIDEN NAME
SPOUSE'S SOCIAL SECURITY NO.	SPOUSE'S DATE OF BIRTH MONTH / DAY / YEAR	DATE OF MARRIAGE MONTH / DAY / YEAR			

LIST CHILDREN'S COMPLETE INFORMATION

NAME	ADDRESS (City, State, ZIP Code)	BIRTHDAY	RELATIONSHIP
		MONTH / DAY / YEAR	

LIST COVERAGE UNDER ANY OTHER TEAMSTER PENSION FUND AND/OR COMPANY PENSION PLAN

NAME OF FUND / COMPANY PLAN	CITY AND STATE	PERIOD OF COVERAGE
		FROM / TO DATES (MONTH / YEAR)

LIST ALL EMPLOYMENT

LIST ALL EMPLOYMENT, REGARDLESS OF WHETHER IT PROVIDED FOR PARTICIPATION IN CENTRAL STATES PENSION FUND, BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER. ADD ADDITIONAL PAGES FOR EMPLOYMENT HISTORY IF NEEDED.

NAME OF EMPLOYER	ADDRESS OF EMPLOYER		PERIOD OF EMPLOYMENT FROM / TO	LOCAL UNION # AT TIME OF EMPLOYMENT
EMPLOYER	ADDRESS		FROM/TO (MONTH/YEAR)	LOCAL UNION #
	CITY, STATE & ZIP			
TYPE OF WORK (BE SPECIFIC)				
REASON FOR LEAVING			COMPANY OUT OF BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WORK COVERED BY TEAMSTER CONTRACT REQUIRING CONTRIBUTIONS TO CENTRAL STATES PENSION FUND?			<input type="checkbox"/> YES <input type="checkbox"/> NO	

NAME OF EMPLOYER	ADDRESS OF EMPLOYER		PERIOD OF EMPLOYMENT FROM / TO	LOCAL UNION # AT TIME OF EMPLOYMENT
EMPLOYER	ADDRESS		FROM/TO (MONTH/YEAR)	LOCAL UNION #
	CITY, STATE & ZIP			
TYPE OF WORK (BE SPECIFIC)				
REASON FOR LEAVING			COMPANY OUT OF BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WORK COVERED BY TEAMSTER CONTRACT REQUIRING CONTRIBUTIONS TO CENTRAL STATES PENSION FUND?			<input type="checkbox"/> YES <input type="checkbox"/> NO	

JOINT AND SURVIVING SPOUSE OPTION FORM (JSO)

PAYMENT OPTIONS

If you are single when you retire, your benefit will be paid as a single life annuity under the Lifetime Only Option or the Lifetime with Limited Surviving Spouse Option, depending on your Benefit Class you were at when you retired.

If you are married when you retire, the normal form of payment is the Joint and 50% Surviving Spouse Option. The Joint and 50% Surviving Spouse Option provides for a reduced monthly payment for your lifetime so that in the event you die before your spouse, 50% of your reduced monthly benefit will continue to your spouse for the remainder of his or her lifetime.

For those pension benefits effective on or after March 1, 2008, the Fund now offers an optional Joint and 75% Surviving Spouse Option form of payment. However, you will receive your retirement benefit in the form of the Joint and 50% Surviving Spouse Option unless you affirmatively elect the Joint and 75% Surviving Spouse Option or waive both Joint and Surviving Spouse Options. If you choose to waive both Joint and Surviving Spouse Options, we will require your spouse's written notarized consent as explained in the attached forms.

Attached are the following forms, one of which must be completed and returned to Central States, Southeast and Southwest Areas Pension Fund, at the address below, before your retirement benefit can be paid. No form (Election or Waiver) that is signed more than 180 days prior to your retirement date will be accepted.

- ELECTION OF JOINT AND SURVIVING SPOUSE OPTION
- WAIVER OF JOINT AND SURVIVING SPOUSE OPTION (Including notarized spouse consent). If you elect to waive the Joint and Surviving Spouse option, we require the **original** notarized form. A fax is not acceptable.

Complete Election Form or Waiver Form

A waiver must be notarized

If JSO is elected and your spouse dies your benefit can be restored

The JSO election can be changed within 90 days after the application is approved

JOINT AND SURVIVING SPOUSE (JSO)

If you are single when you retire, you may elect the Lifetime Only Option or the Life Annuity Option at the Benefit Class you were at when you retire.

If you are married when you retire, you may elect the Joint and Surviving Spouse Option. The Joint and Surviving Spouse Option provides for a monthly payment for your lifetime so that your monthly benefit will continue to you after your death.

For those pension benefits effective as of 1/1/95, you may elect the Joint and 75% Surviving Spouse retirement benefit in the form of a monthly payment for your lifetime. You may affirmatively elect the Joint and 75% Surviving Spouse Options. If you choose to elect the Joint and 75% Surviving Spouse Options, you must require your spouse's written notarized consent.

Attached are the following forms, completed by you, for the Central States, Southeast and Southwest Pension Fund. Your retirement benefit can be paid. No further action is required prior to your retirement date will be required.

- ELECTION OF JOINT AND SURVIVING SPOUSE OPTION ("JSO PENSION")
- WAIVER OF JOINT AND SURVIVING SPOUSE OPTION (if you elect the Joint and 75% Surviving Spouse Option, you must require the original notarized consent of your spouse).

ELECTION OF JOINT AND SURVIVING SPOUSE OPTION ("JSO PENSION")

Participant: Name: _____ Birth Date: _____ SS#: _____
 Spouse: Name: _____ Birth Date: _____ SS#: _____

I WISH TO RECEIVE MY RETIREMENT PENSION IN THE FORM OF THE JOINT AND SURVIVING SPOUSE OPTION ("JSO PENSION"), and

CHECK ONE BOX:

- I elect to have my spouse receive 50% of my pension benefits in the event of my death.
- OR
- I elect to have my spouse receive 75% of my pension benefits in the event of my death.

I HAVE READ THE JSO PENSION EXPLANATION ON PAGE 8A, AND I UNDERSTAND THE FINANCIAL EFFECTS OF THIS SIGNED DOCUMENT ON MY PENSION BENEFIT, INCLUDING (BUT NOT LIMITED TO) THE FOLLOWING:

1. The pension benefit that I would otherwise be eligible to receive will be adjusted to a lesser amount, on the basis of actuarial equivalence (as explained on Page 8a and in accordance with the accompanying JSO Pension adjustment charts), in order to provide a lifetime benefit to my spouse after my death.
2. For purposes of this election, my "spouse" is the person to whom I am married on my "Effective Date" (the first day of the month following my retirement date), and in the event that I designated a retroactive retirement date, the person to whom I am still married on my "Initial Payment Date" (the date on which the Pension Fund first begins paying my retirement pension). Only the person who is my spouse on both my Effective Date and my Initial Payment Date is eligible to receive the survivor share of my JSO Pension.
3. This election is revocable by me up until 90 days after my Initial Payment Date (the date on which the Pension Fund first begins paying my retirement pension) **but cannot be later revoked or changed under any circumstances (except as indicated on page 8a).** To be valid, revocation must be accomplished by completing and filing with the Fund the WAIVER OF JOINT AND SURVIVING SPOUSE OPTION form that has been furnished to me in this packet.

Participant Signature: _____ Date: _____
 Spouse Signature: _____ Date: _____

SUBMIT COPIES OF YOUR MARRIAGE CERTIFICATE AND SPOUSE'S BIRTH CERTIFICATE WITH THIS ELECTION.

RETURN TO: Central States Pension Fund, PO Box 5109, Des Plaines IL 60017-5109
 Or Fax to: 847-518-9752

WAIVER OF JOINT AND SURVIVING SPOUSE OPTION ("JSO PENSION")

Participant: Name: _____ Birth Date: _____ SS#: _____
 Spouse: Name: _____ Birth Date: _____ SS#: _____

I AM WAIVING MY RETIREMENT PENSION IN THE FORM OF THE JOINT AND SURVIVING SPOUSE OPTION ("JSO PENSION"). If you are electing this option, we require the original notarized form.

ON EXPLANATION ON PAGE 9A, AND I UNDERSTAND THE FINANCIAL EFFECTS, INCLUDING (BUT NOT LIMITED TO) THE FOLLOWING:

1. If I elect to have my spouse receive 50% of my pension benefits in the event of my death, my spouse will receive 50% of my pension benefits in the event of my death. If I elect to have my spouse receive 75% of my pension benefits in the event of my death, my spouse will receive 75% of my pension benefits in the event of my death.

2. For purposes of this election, my "spouse" is the person to whom I am married on my "Effective Date" (the first day of the month following my retirement date), and in the event that I designated a retroactive retirement date, the person to whom I am still married on my "Initial Payment Date" (the date on which the Pension Fund first begins paying my retirement pension). Only the person who is my spouse on both my Effective Date and my Initial Payment Date is eligible to consent to my waiver of the JSO Pension, unless a qualified domestic partner is designated in writing.

3. This election is revocable by me up until 90 days after my Initial Payment Date (the date on which the Pension Fund first begins paying my retirement pension) **but cannot be later revoked or changed under any circumstances (except as indicated on page 8a).** To be valid, revocation must be accomplished by completing and filing with the Fund the WAIVER OF JOINT AND SURVIVING SPOUSE OPTION form that has been furnished to me in this packet.

Consent to Waiver by Participant's Spouse

I, _____ (insert your name), am the spouse of _____ (insert name of Participant). I understand that the Participant is electing the Joint and 75% Surviving Spouse Option ("JSO Pension"), which would be a monthly lifetime payment for my spouse's (the Participant's) retirement benefit. I understand that the Participant is electing to waive this benefit in favor of the JSO Pension amount. However, my spouse has elected to waive this benefit in favor of the JSO Pension amount. As a result, I agree that I will never be eligible to receive any other benefits from the Central States Pension Fund except as described in this waiver document voluntarily.

Spouse Signature: _____ Date: _____
 My commission expires _____ 20____

This document must be signed and notarized no earlier than 180 days prior to your pension effective date. If you are electing this option, we require the original notarized form. We will not accept a fax.

Form

S

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 ved

Adjustment Factors for Joint and 50% Surviving Spouse Option (50% JSO Pension)

Calculating the reduced 50% JSO Pension amount:

- Using the chart below, find the reduction factor corresponding to the age of the Participant and the age of the Participant's spouse (in complete years) on the Retirement Date. For example, a Participant who is age 60 and whose spouse is age 57 at retirement – the reduction factor would be .9010.
- Multiply the Participant's full (unreduced) retirement pension by this factor to determine the Participant's monthly pension benefit with the 50% JSO Pension.
- In the event of the Participant's death, the spouse will be entitled to 50% of the reduced monthly pension benefit.
- In the event of the spouse's death, the Participant's pension will be restored to the full (unreduced) pension amount on a prospective basis the month following the spouse's death.

		SPOUSE'S AGE AT RETIREMENT																										
		46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70		
PARTICIPANT'S AGE AT RETIREMENT	57	.8938	.8964	.8990	.9017	.9044	.9072	.9100	.9128	.9156	.9185	.9213	.9242	.9270	.9298	.9326	.9354	.9381	.9408	.9434	.9460	.9485	.9510	.9534	.9557	.9580		
	58	.8853	.8879	.8907	.8934	.8962	.8991	.9020	.9050	.9079	.9109	.9140	.9170	.9200	.9230	.9259	.9289	.9318	.9347	.9375	.9403	.9430	.9457	.9482	.9508	.9532		
	59	.8763	.8790	.8818	.8847	.8876	.8906	.8936	.8967	.8998	.9029	.9061	.9093	.9124	.9156	.9188	.9219	.9250	.9281	.9311	.9341	.9370	.9399	.9427	.9454	.9481		
	60	.8667	.8695	.8724	.8754	.8784	.8815	.8846	.8878	.8911	.8944	.8977	.9010	.9044	.9077	.9111	.9144	.9177	.9210	.9242	.9274	.9305	.9336	.9365	.9396	.9425		
	61	.8567	.8596	.8625	.8656	.8687	.8719	.8752	.8785	.8819	.8853	.8888	.8922	.8958	.8993	.9028	.9063	.9098	.9133	.9168	.9202	.9235	.9268	.9301	.9333	.9364		
	62	.8462	.8491	.8522	.8553	.8585	.8618	.8652	.8687	.8722	.8757	.8793	.8830	.8867	.8904	.8941	.8978	.9015	.9052	.9088	.9125	.9160	.9196	.9231	.9265	.9299		
	63	.8352	.8382	.8414	.8446	.8479	.8513	.8548	.8583	.8620	.8657	.8694	.8732	.8771	.8809	.8848	.8887	.8926	.8965	.9004	.9043	.9081	.9119	.9156	.9193	.9229		
	64	.8239	.8269	.8301	.8334	.8368	.8403	.8439	.8476	.8513	.8552	.8591	.8630	.8670	.8711	.8751	.8792	.8833	.8874	.8915	.8956	.8997	.9037	.9077	.9116	.9155		
	65	.8120	.8151	.8184	.8218	.8252	.8288	.8325	.8363	.8402	.8500	.8500	.8522	.8564	.8606	.8649	.8692	.8735	.8778	.8821	.8864	.8907	.8950	.8992	.9034	.9075		
	66	.7997	.8029	.8062	.8096	.8131	.8168	.8206	.8245	.8300	.8400	.8500	.8500	.8500	.8500	.8500	.8500	.8541	.8585	.8630	.8676	.8721	.8766	.8812	.8857	.8902	.8946	.8991
	67	.7870	.7902	.7936	.7971	.8007	.8044	.8083	.8123	.8200	.8300	.8400	.8500	.8500	.8500	.8500	.8500	.8500	.8500	.8522	.8569	.8617	.8664	.8712	.8760	.8807	.8855	.8901
	68	.7736	.7770	.7805	.7840	.7877	.7915	.7955	.8000	.8100	.8200	.8300	.8400	.8500	.8500	.8500	.8500	.8500	.8500	.8500	.8500	.8506	.8556	.8606	.8657	.8707	.8757	.8807
	69	.7599	.7633	.7667	.7703	.7741	.7780	.7820	.7900	.8000	.8100	.8200	.8300	.8400	.8500	.8500	.8500	.8500	.8500	.8500	.8500	.8500	.8500	.8500	.8500	.8500	.8500	.8500
	70	.7500	.7500	.7524	.7560	.7598	.7638	.7700	.7800	.7900	.8000	.8100	.8200	.8300	.8400	.8500	.8500	.8500	.8500	.8500	.8500	.8500	.8500	.8500	.8500	.8500	.8500	.8500
71	.7500	.7500	.7500	.7500	.7500	.7500	.7600	.7700	.7800	.7900	.8000	.8100	.8200	.8300	.8400	.8500	.8500	.8500	.8500	.8500	.8500	.8500	.8500	.8500	.8500	.8500	.8500	

RETIREMENT DECLARATION FORM

Employers should complete the bottom section of the form

Compensation after the retirement may delay benefits

CENTRAL STATES PENSION FUND
SINCE 1955

RETIREMENT DECLARATION FORM

I am naming _____ as my retirement date and wish to have my retirement benefits begin as of the first day of the following month. Retirement Date as defined in Section 1.29 of the Pension Plan is the date a Participant stops working in Covered Service and terminates his employment. By signing this document I am attesting that as of the above named Retirement Date, I have terminated my employment, been removed from the seniority list of my Contributing Employer and am not entitled to any further weekly compensation of any kind. In addition, I understand that if I received lump sum payment at termination for accrued but unused vacation, time off or sick pay and this payment was not the result of an employer bankruptcy, shutdown or severance payment, I can begin receiving pension payments from the Fund without being required to wait for the lapse of the period corresponding to the number of weeks of Lump Sum Payment I received. In exchange for being permitted to begin my pension payments in this fashion, I agree to waive any potential claim for pension credit from the Fund I may have in connection with the Lump Sum Payment.

I also certify that:

I have not been employed in any capacity (including self-employment) at any time after my retirement date. I agree that if I do become employed after retirement, I will promptly notify the Fund. OR

I have worked and/or plan on working beyond my retirement date in the following capacity (including self-employment). Attach additional pages, if necessary:

Company Name: _____
 Company Address: _____
 Telephone Number: _____ Type of Industry: _____
 Job Title: _____ Teamster Local Union, if any: _____
 Exact Job Duties (be specific): _____

Start Date: _____ Termination Date: _____
 Number of Hours Worked Per Month: _____ Still Working? Yes No

I certify that the information I have given above is true and correct to the best of my knowledge and I agree that I will promptly notify the Pension Fund if I return to work in any capacity, including self-employment, so that the Fund can determine if the employment is Restricted (see Restricted Reemployment Rules on page 2 of this form).

Applicant's Signature: _____ Date: _____
 Applicant's Name: _____ SSN: _____

(Please print)
 Please note that if you do not provide the Fund with timely notice of your retirement, any retroactive benefit payments that you would otherwise be eligible to receive are limited to the 12-month period prior to the date the Fund receives written notification of your Retirement Date.

Employer Use Only
 Please confirm the following: Employer Name: _____
 Resignation Date: _____ Last Day Paid or Compensated: _____

is this resignation the result of a closing or other reduction in work force? Yes No Severance/retention bonus paid? Yes No

Please complete the section below relative to any periods paid or compensated following the resignation date:

Type:	# of Days/Weeks Paid:	Date Paid:	If any compensation was paid following the resignation date, was it in a lump sum? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:
Vacation			
Sick/Personal			
Severance			
Other			

Completed by: _____ Signature: _____ Phone Number: _____ Date: _____

Upload: MyCentralStatesPension.org | Mail: PO Box 5109, Des Plaines IL 60017-5109 | Fax: 847-518-9752 | Questions: 800-323-5000

©1Group/Funds/Form/PNACentralStatesPensionFundRetirementDeclaration.doc - 1/8/2015 (20240306) PN7AC Page 1 of 2

Employer Use Only
 Please confirm the following: Employer Name: _____
 Resignation Date: _____ Last Day Paid or Compensated: _____

is this resignation the result of a closing or other reduction in work force? Yes No Severance/retention bonus paid? Yes No

Please complete the section below relative to any periods paid or compensated following the resignation date:

Type:	# of Days/Weeks Paid:	Date Paid:	If any compensation was paid following the resignation date, was it in a lump sum? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:
Vacation			
Sick/Personal			
Severance			
Other			

Completed by: _____ Signature: _____ Phone Number: _____ Date: _____



HELPFUL INFORMATION DURING YOUR RETIREMENT

REEMPLOYMENT APPROVALS

INFORMATION NEEDED

- ✓ NAME OF EMPLOYER
- ✓ LOCATION OF EMPLOYMENT
- ✓ JOB TITLE AND JOB DUTIES
- ✓ NUMBER OF WORK HOURS PER MONTH
- ✓ START DATE OF EMPLOYMENT



- USE MESSAGE CENTER



- DOWNLOAD AND COMPLETE THE FORM FROM **MYCENTRALSTATESPENSION.ORG/ HELPFUL RESOURCES / HOW-TOS**



- CALL CUSTOMERCARE

The screenshot shows the Central States Pension Fund website interface. At the top, there is a navigation bar with the logo and the text "CENTRAL STATES PENSION FUND". Below the navigation bar, there is a search bar and a menu icon. The main content area features four prominent buttons with icons and text:

- Get Reemployment Approved**: You may be able to work while receiving pension benefits if you obtain approval.
- Get Tax Statements or Update Withholding**: Request a copy of Tax Form 1099-R or update the amount of tax withheld from your pension benefit.
- Report a Death**: Report the passing of a member, spouse, or beneficiary receiving pension benefits.

GET REEMPLOYMENT APPROVAL

RESTRICTIONS EXIST FOR:

WORK INSIDE TEAMSTER INDUSTRIES

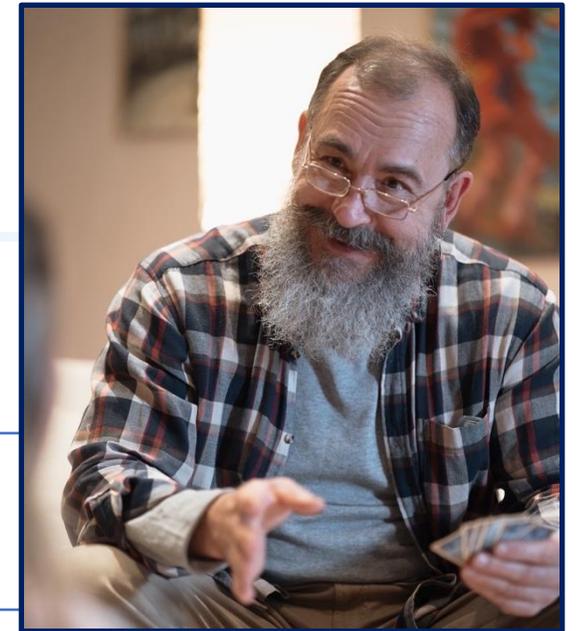
- TRUCKING, WAREHOUSE, PARCEL DELIVERY, FOOD-BAKERY-DAIRY.....

WORK OUTSIDE TEAMSTER INDUSTRIES - BEFORE AGE 60

- SAME INDUSTRY OR 100 MILES

WORK FOR A CONTRIBUTING EMPLOYER

WORK UNDER A TEAMSTER CONTRACT



REEMPLOYMENT EXEMPTIONS

EXEMPTIONS EXIST FOR:

GOVERNMENT EMPLOYMENT

FEDERAL, STATE, OR
LOCAL

AGE 65 OR OLDER

AFTER COLLECTING
1 YEAR OF
BENEFITS

REQUIRED DISTRIBUTIONS

NEXT APRIL 1,
AFTER YEAR YOU
REACH AGE 70 +
6 MONTHS

VIEW PAYMENT HISTORY

Payments

Review your pension check payment history, including issue dates, check numbers, amounts, statuses, and account information. Clicking "View More" lets you see any deductions. Sort columns as you need, and download a printable PDF version for reference.

[Download Payment History](#)

Check Date	Check Number	Gross Pay	Net Pay	Type	Status	Routing Number	Account Number	Action
01/01/2025	40510693	\$935.45	\$918.57	EFT	Paid			View Less ^
Deduction Type								Amount
Federal Income Tax								\$16.88
Total Deductions								\$16.88
12/01/2024	40333295	\$935.45	\$918.57	EFT	Paid			View More v
11/01/2024	40155723	\$935.45	\$918.57	EFT	Paid			View More v

VIEW ANNUAL TAX STATEMENTS



[Account Home](#) [Plan Benefits](#) [Helpful Resources](#)

Account Home

[Account Summary](#)

[Payments](#)

[Direct Deposit](#)

[Tax Withholding](#)

[Work History](#)

[Proof of Income Letter](#)

[Statements](#)

Statements

Easily access your important statements and documents.

Correspondence from Central States

Name	Date
2024 1099R	01/01/2025
2023 1099R	01/01/2024

OMB No. 1545-0119 **2022**

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Form 1099-R CORRECTED (if checked)

1 Gross distribution	2a Taxable amount
2b Taxable amount not determined	Total distribution

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
P.O. BOX 5113
DES PLAINES, IL 60017-5113

PAYER'S TIN RECIPIENT'S TIN

3 Capital gain (included in box 2a)	4 Federal income tax withheld	5 Employee contributions or insurance premiums		
6 Net unrealized appreciation in employer's securities	7 Distribution code(s)	IRA/SEP/SIMPLE	8 Other	%
9a Your percentage of total distribution	9b Total employee contributions			

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

[View](#)

UPDATE FEDERAL TAX WITHHOLDING



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Message Center

Submit Documents

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[← Back to Tax Summary](#)

Update Tax Withholding

1. Information about you

I don't want any federal income tax withheld from my pension or annuity

* Enter your monthly pension benefit amount before taxes or deductions

935.45

* Select your marital status for withholding

Select Marital Status

2. Income (yours or spousal) from jobs, pensions other than from Central States, and annuities (optional)

Do you or your spouse have income from a job or multiple pensions/annuities? ?

Yes No

3. Dependent and other credits (optional)

UPDATE DIRECT DEPOSIT



CENTRAL STATES
PENSION FUND

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Edit EFT Information

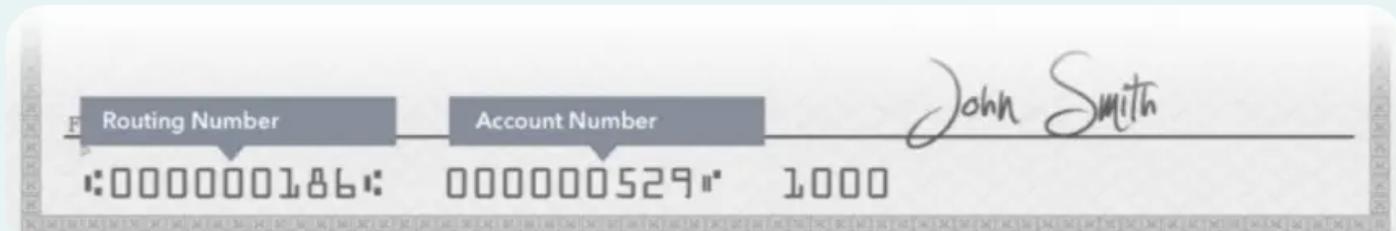
* Bank Name

Enter Bank Name

* Account Type

Savings Checking

Refer to the image to locate your routing and account numbers.



* Routing Number

000000000

* Verify Routing Number

000000000

* Account Number

000000000

* Verify Account Number

000000000

UPDATE ADDRESS OR PHONE NUMBER



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Connect With Us

- Message Center
- Submit Documents
- Contact Us

My Profile

View and update your personal information, security settings, and family information.

- Personal Information**
- Account Security
- Communication Preferences
- Family Information

Address Edit

[Redacted Address]

Phone Numbers Edit

Mobile	Home
[Redacted]	[Redacted]

Email Address Edit

[Redacted Email Address]

ESTATE PLANNING

- LEAVE INSTRUCTIONS TO A FAMILY MEMBER OR ESTATE ADMINISTRATOR TO NOTIFY THE PENSION FUND OF YOUR DEATH

 [Go to Forms & Documents](#) Q ☰

Death Notification

Use this form to report the passing of a member, spouse, or beneficiary. Please provide the following details about the deceased individual.

Once you have completed all the fields, click "Submit" at the bottom of the form.

Decedent's Information

Please enter the full name, date of death, and additional details about the deceased person below if available. Fields marked with * are required.

* First Name Enter First Name	* Last Name Enter Last Name
* Death Date mm/dd/yyyy	SSN (optional) 000-00-0000
Birth Date (optional) mm/dd/yyyy	City (optional) Enter City
State (optional) Select State	Status (optional) Select Status

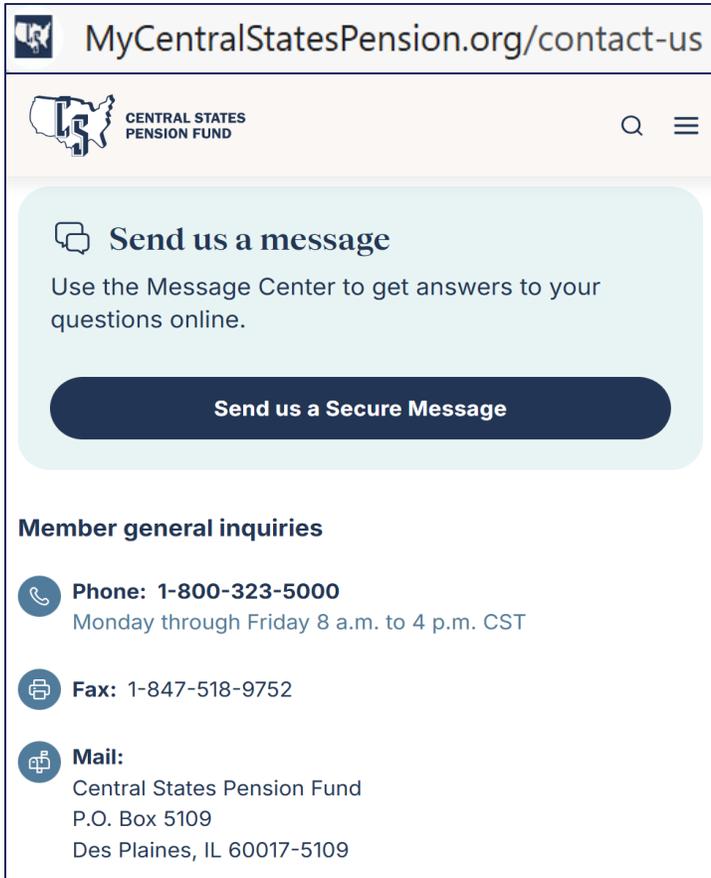
Reporter's Information

Please provide your name and contact information so we can follow up if needed. Select your relationship to the deceased individual, such as a spouse, child, parent, sibling, etc. If none of the options apply, you can select "Other."

First Name (optional) Enter First Name	Last Name (optional) Enter Last Name
---	---

APPLYING FOR RETIREE HEALTH BENEFITS

RETIREE HEALTH ELIGIBILITY IS REVIEWED WHEN A CSF PENSION APPLICATION IS RECEIVED



MyCentralStatesPension.org/contact-us

 CENTRAL STATES PENSION FUND

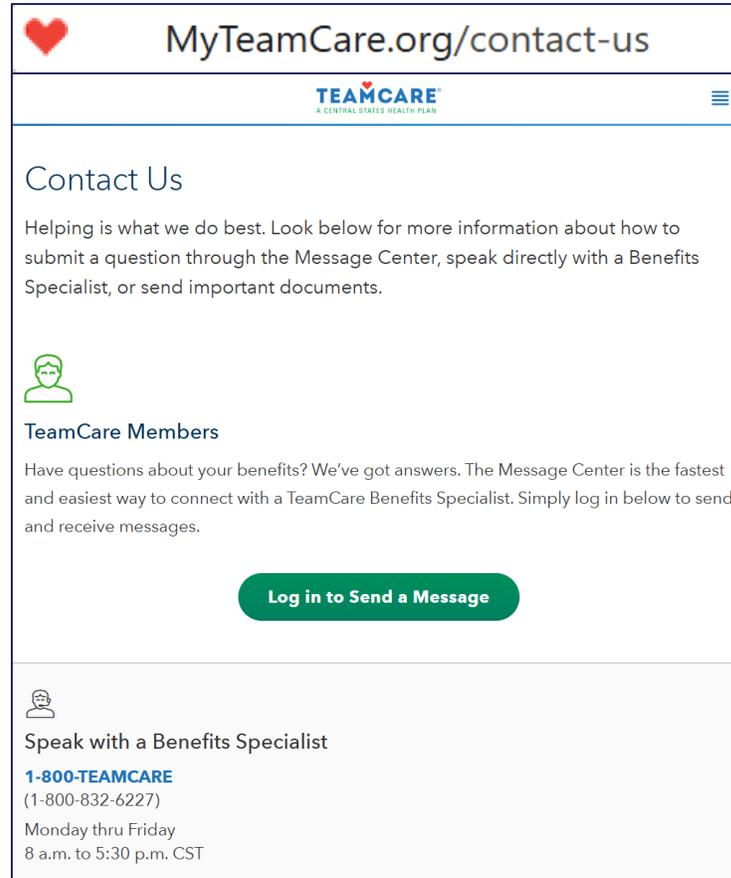
 **Send us a message**

Use the Message Center to get answers to your questions online.

[Send us a Secure Message](#)

Member general inquiries

-  **Phone: 1-800-323-5000**
Monday through Friday 8 a.m. to 4 p.m. CST
-  **Fax: 1-847-518-9752**
-  **Mail:**
Central States Pension Fund
P.O. Box 5109
Des Plaines, IL 60017-5109



MyTeamCare.org/contact-us

 TEAMCARE
A CENTRAL STATES HEALTH PLAN

Contact Us

Helping is what we do best. Look below for more information about how to submit a question through the Message Center, speak directly with a Benefits Specialist, or send important documents.

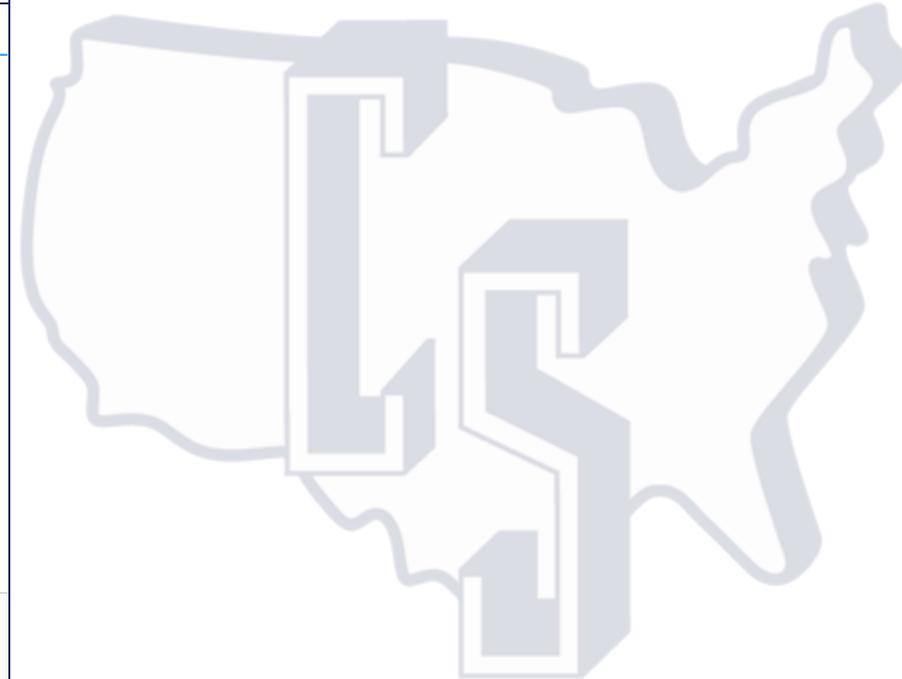
 **TeamCare Members**

Have questions about your benefits? We've got answers. The Message Center is the fastest and easiest way to connect with a TeamCare Benefits Specialist. Simply log in below to send and receive messages.

[Log in to Send a Message](#)

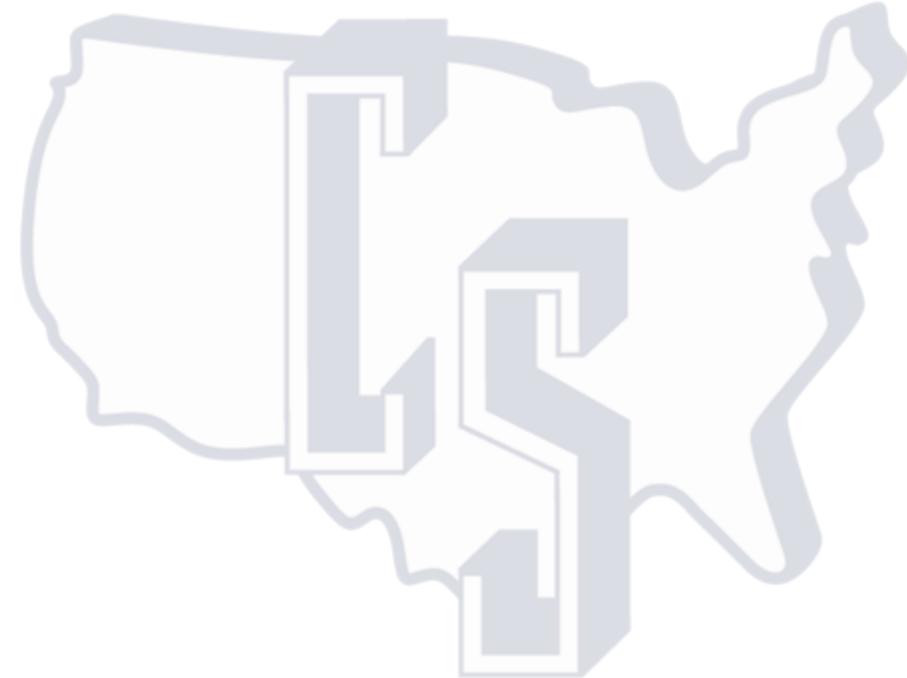
 **Speak with a Benefits Specialist**

1-800-TEAMCARE
(1-800-832-6227)
Monday thru Friday
8 a.m. to 5:30 p.m. CST



RETIREE HEALTH PLAN ELIGIBILITY REQUIREMENTS

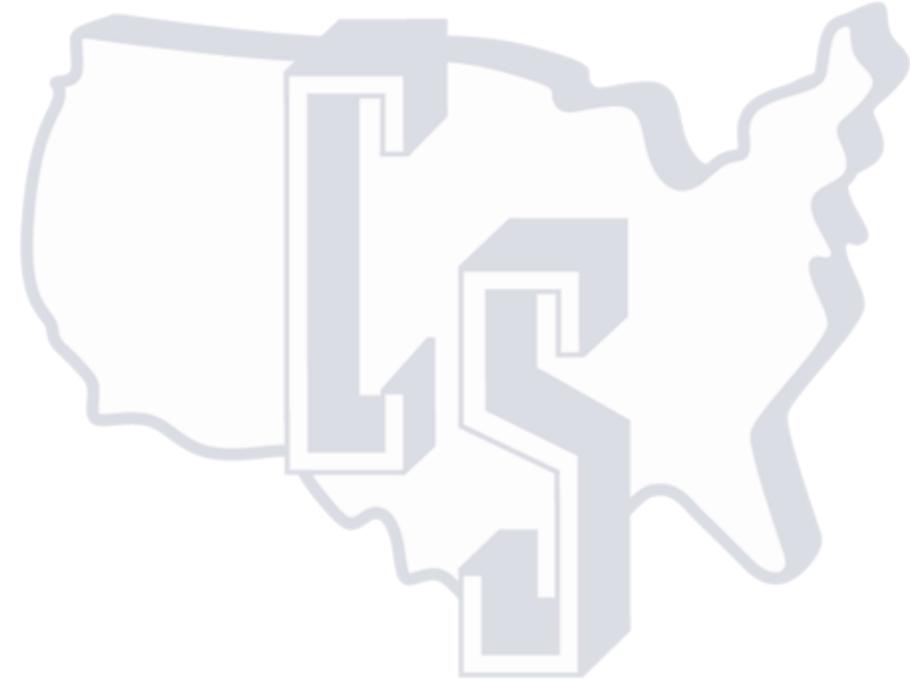
1. “5 OUT OF THE LAST 5 YEARS” OR “7 OUT OF THE LAST 10 YEARS” RULE
2. 20 YEARS WORKED UNDER A TEAMSTERS COLLECTIVE BARGAINING AGREEMENT



ELIGIBILITY PERIOD

PLAN R4

- CAN BEGIN AT AGE 57
- MEMBERS ARE COVERED TO AGE 65
- SPOUSE COVERAGE CAN BE EXTENDED FOR UP TO 3 YEARS



2025 RETIREE HEALTH PLAN MONTHLY COST PER PERSON

RETIREE'S AGE AT RETIREMENT

MONTHLY COST PER PERSON

62+

\$100

61

\$264

60

\$374

59

\$461

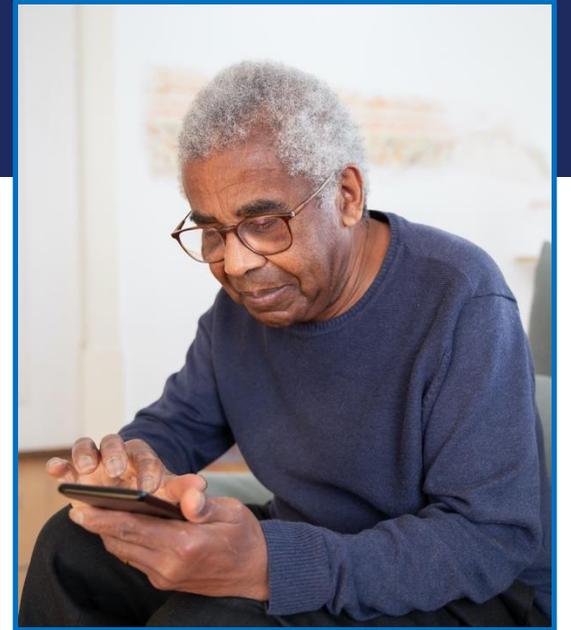
58

\$529

57

\$599

QUESTIONS?



QUESTIONS ... WE'RE HERE TO HELP !!!