DEFERRED SALARY PLAN JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY

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STREET LIGHTING DIVISION

APPLICATION FOR MEDICAL EXAM / INCLEMENT WEATHER BENEFITS

PLEASE PRINT

NAME					
	First		Last		
ADDRESS	Number and Street	PID#			
	Number and Street				
		LOCAL U	JNION #		
	Town or City				
		DIV	UNION CARD # _		
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	swer Below:				
1. Na	me of Employer:				
2. I a	m applying for:				
	MEDICAL EXAM DAY BE).	
	INCLEMENT WEATHER D Indicate date(s): Please attach a letter fr				
I understand that all of my Deferred Salathe back of this form	ll distributions for these beary Plan account and are s	enefits may be made or ubject to the applicab	nly from the employer le taxes under IRS reg	contribution portion gulation as indicted on	
Date:	Signature:				
Email To: supplem	entarybenefits@jibei.com				
	Fe	or Office Use Only			
Code	Amount	Date	TB Amount	TB Date	

PAYMENT FROM THE DEFERRED SALARY PLAN

The benefits described on the reverse side of this application are paid at a rate equal to the participant's daily wages, based on the applicable Collective Bargaining Agreement.

There will be no partial payments made for these days if there are not sufficient funds in the participant's account balance to cover the daily wage.

TAXES PERTAINING TO PAYMENT OF IN-SERVICE DISTRIBUTIONS

Important:

- Distributions from the Plan are subject to 20% federal income tax withholding, as required by IRS regulations.
- Withdrawals by a participant who is still working in the electrical industry and is younger than 59 ½ or by a participant who withdraws from the industry prior to age 55 are subject to the IRS additional tax of 10%.
- There is <u>no</u> 10% IRS Early Withdrawal Additional Tax when a payment is made to an active participant who is 59 ½ or older or to a participant who retires under the provisions of the Pension Trust Fund of the Electrical Industry, or if someone is "disabled" within the meaning of the Internal Revenue code.