

Benefit Plans Office (BPO)

DISABILITY RETIREMENT APPLICATION CHECKLIST

You are totally and permanently disabled from your work in the Longshore/Watchmen industry, and you are eligible for Disability Retirement. What is next?

This checklist is provided to help you avoid common errors that may delay processing your Disability Retirement.

Pre-Retirement Checklist

- Contact the BPO for a Disability Retirement Application packet or visit our website. This packet will include:
 - Disability Retirement Application
 - Disability Retirement Medicare Report Form PF86 (DRMR, to be completed by your treating physician)
 - Federal and/or State Tax Election forms
 - Electronic Fund Transfer Form (for direct deposit of pension payments)

Upon request the BPO can provide a written estimate of your accrued monthly retirement benefit to date

Obtain and make a **clear photocopy** of each of the following, as applicable -

- Certified (county-filed) Marriage Certificate.
- Court-filed Dissolution Judgment or Divorce Decree (must include all pages).
- Late spouse's death certificate.

The DRMR Form

- Have your treating physician complete the DRMR Form. After completion, **please review** and make sure that your doctor has answered **each** question. **Questions left blank may delay processing of your retirement. Make sure you sign at the bottom of the form under PATIENT'S RELEASE.**
- Attach doctor notes or medical reports, if any, provided by your doctor in support of his/her assessment of your total and permanent disability.

Completing Your Disability Retirement Application

NOTE: Your **Pension Commencement Date** (retirement date) and your **Separation Date** are determined in the Benefit Plans Office, based on the date you sign your application, relative to the date the application is first received in the Plan Office. Please contact the Plan Office for more information after your Disability Retirement Application has been received by the Plan.

SECTION 1 – Please print legibly

- Enter your full legal name. If your full legal name is different from the name on record in the BPO, you may be asked to provide notarized verification with supporting documentation.
- Enter information requested as applicable: Local & Registration #, current residence/ mailing address, contact number(s), email, social security number, birth date, and age.

SECTION 2

- Enter the information for date(s) of injury, type and period of compensation
- Provide your doctor's name and contact information.
- Enter the last date you worked (approximate date is ok).

SECTION 3

- Check the box next to your current marital status.
 - If legally married, please include a photocopy of your certified marriage certificate or abstract from the county offices in which you were married (a marriage certificate signed by a clergy person is not acceptable).
 - If legally separated, you are still considered married.
- If you are divorced, please submit a photocopy of the court-filed Dissolution Judgment/Divorce Decree with required attachments as applicable (all pages). Failure to include this may delay your pension payments.
- If you are widowed, please submit a copy of your late spouse's death certificate.

SECTION 4

- If legally married, please enter your spouse's full legal name. If your spouse's legal name is different from the name on record with the Benefit Plans Office, you may be asked to provide notarized verification with supporting documentation.
- Enter your spouse's residence address if different from your address.
- Enter your spouse's date of birth. (Please ensure the date provided is accurate, so as to prevent delays in any applicable Surviving Spouse benefits or Medicare coverage.
- Please provide your spouse's social security number. This will be required to provide future survivor benefits, as applicable.

SECTION 5 - Please read this section carefully. Once you retire, you will be unable to return to work in the Longshore/Watchmen industry and will be permanently removed from Registration Lists.

- Sign and Date your Disability Retirement Application. Only you, the Applicant, may sign the application and signature must match that on file in the BPO.
- If you are unable to sign, we will require a Power of Attorney document or filed Letters of Conservatorship/Guardianship of your Person and Estate.

DISABILITY RETIREMENT APPLICATION

FREQUENTLY ASKED QUESTIONS:

When can I submit my application to retire?

- You may submit your application to the Benefit Plans Office at least 30 to 45 days prior to the retirement date you are considering or once you have been deemed Totally and Permanently Disabled.

How do I submit my retirement application?

- To expedite the processing of your application, you may **first** submit it to the Pension Dept. via fax to (415) 749-1321 or via email to pension@benefitplans.org, **then** mail your application to *ILWU-PMA Benefit Plans, 1188 Franklin Street, Suite 101, San Francisco, CA 94109*. (Be sure to make a photocopy for your records, prior to mailing.)

*****YOUR ORIGINAL SIGNED APPLICATION MUST BE RECEIVED IN THE BENEFIT PLANS OFFICE OR PAYMENTS MAY BE DELAYED.*****

I've submitted my retirement application, but I've changed my mind. What should I do?

- Please submit a signed notification of withdrawal to the Benefit Plans Office. Notifications of withdrawal must be received in the Plan office **prior to** your Pension Commencement Date.

I need to make a change to my retirement application. How do I do that?

- Contact the Benefit Plans Office.

I need help with completing my application or other forms. Whom shall I contact?

- The BPO's contact information is listed below. You may also contact your Area Welfare Director for assistance.
 - Telephone: 1-888-372-4598
 - Fax: (415) 749-1321
 - Email: pension@benefitplans.org

Are the Disability Retirement Application and other forms available on-line?

- Yes! You may download and print all the forms listed under your *Pre-Retirement Checklist* by visiting the Benefit Plan Office's website at www.benefitplans.org.

ILWU-PMA PENSION PLAN ♦ ILWU-PMA WATCHMEN PENSION PLAN

DISABILITY RETIREMENT APPLICATION

Please allow a **minimum of six (6) weeks** to process your Disability Retirement Application.
To apply for normal retirement benefits, please use the Normal Retirement Application.

SECTION 1

Legal Name: _____
First Middle Last

Local: _____ Registration Number: _____

Address: _____
Street

City State Zip Code

Telephone Number: Home: _____ Cellphone: _____

Email: _____

Social Security Number: _____

Birth date: _____ Age: _____

SECTION 2

List all periods during which you did not work in covered employment due to industrial illness/injury arising from employment in the Longshore industry, for which you were compensated through state or federal workers' compensation (including third-party suit settlement).

DATE OF ILLNESS/INJURY	TYPE OF COMPENSATION	PERIOD(S) OF COMPENSATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

REGARDING YOUR PRESENT DISABILITY, PLEASE LIST TREATING PHYSICIAN(S):

Doctor: _____ Address: _____

Contact #: _____

Doctor: _____ Address: _____

Contact #: _____

(If additional space is needed, please attach a separate sheet.)

- (a) Do you grant permission to the Trustees or their agents to contact your doctor(s) concerning your disability? YES NO
- (b) Do you agree to undergo whatever medical examination required by the Trustees? YES NO
- (c) Have you received or are you currently receiving compensation in connection with your present disability (i.e., State Disability, Weekly Indemnity)? YES NO

(OVER)

APPROXIMATE DATES
FROM TO

- Federal workers' compensation
- State workers' compensation
- California State Disability Insurance
- ILWU-PMA Welfare Plan Weekly Indemnity /
Non-Industrial Disability Supplement

1. Date last worked as a Longshore worker, Ship Clerk, Walking Boss/Foreman, or Watchman:

SECTION 3 - Survivor Benefits – In the event of your death, your legal spouse may be entitled to Survivor benefits. For future reference, please complete the following as applicable:

- Single- Never Married
- Legally Married – See SECTION 4 and please attach photocopy of certified marriage certificate
- Divorced – Please attach photocopy of complete divorce decree/judgement (all pages)
- Widowed – Please attach photocopy of death certificate

SECTION 4 – Please complete the following for your spouse

Full Name: _____

Address (if different from yours): _____
Street

_____ *City* _____ *State* _____ *Zip Code*

Date of Birth: _____ Social Security Number: _____

SECTION 5

I hereby certify that the above is correct to the best of my knowledge and belief. I acknowledge that as of my Separation Date certified by the Trustees, I will be permanently separated and forego all employment under the Longshore or Watchmen industry's Collective Bargaining Agreement, and understand that my name will be **permanently removed** from all Longshore or Watchmen Registration Lists.

Signature

Date

To expedite processing, you may first submit your application via...

Fax: (415) 749-1321 or

Email: pension@benefitplans.org

...then mail the application to:
(make a copy for your records prior to mailing)

ILWU-PMA Benefit Plans Office
1188 Franklin Street, Suite 101
San Francisco, CA 94109

IMPORTANT: The Benefit Plans Office will notify you when your application has been received. Please contact the Plan Office if you do not receive this notification within two weeks from the date your application was mailed.

ILWU-PMA PENSION PLAN • ILWU-PMA WATCHMEN PENSION PLAN
DISABILITY RETIREMENT MEDICAL REPORT

DOCTOR'S CONTACT INFORMATION:

NAME:
ADDRESS:
CITY, STATE, ZIP:
PHONE NUMBER:

Kaiser Health Plan
 Indemnity Plan

PLEASE SUBMIT COMPLETED FORM VIA MAIL, FAX, OR EMAIL:

ILWU-PMA BENEFIT PLANS - 1188 FRANKLIN STREET - SUITE 101 - SAN FRANCISCO, CA 94109
FAX#: (415) 749-1321 ♦ EMAIL: pension@benefitplans.org

PATIENT NAME

LOCAL

REG. NO.

TO BE COMPLETED BY ATTENDING PHYSICIAN. PLEASE ANSWER ALL QUESTIONS:

- 1) Is the patient totally and permanently disabled for his/her regular work in the Longshore or Watchmen industry? YES NO
 - a) **IF YES**, on what date did patient become totally and permanently disabled for his/her regular work? _____
 - b) On what date did you reach this conclusion? _____
- 2) Is the disability wholly attributable to an industrial injury? YES NO
- 3) On what date, according to your records, did illness begin or the disabling injury occur? _____
- 4) Is treatment continuing? _____
- 5) Date patient last seen? _____
- 6) Completely describe in the space below a summation of medical condition, diagnoses, and the physiological limitations or impairment.

OR

- 7) Submit written documentation (narrative, medical summaries, legible office notes, pertinent laboratory and/or test results, etc.) that provide the medical reviewer with sufficient information to make an independent decision.

CHECK BOX IF DOCUMENTS ARE ATTACHED

Examining Doctor:

PRINT NAME

SIGNATURE

DATE

TO BE COMPLETED BY PENSION PLAN REVIEWING DOCTOR:

- I concur with the conclusions of the examining doctor.
 I do not concur with the conclusions of the examining doctor.

Signature of Plan Reviewing Doctor

Date

PATIENT'S RELEASE

I hereby authorize the release of information from and concerning my medical records to the ILWU-PMA Pension Plan or ILWU-PMA Watchmen Pension Plan Trustees, their agents, their consulting physicians and my ILWU Local.

Signature of Patient (Retirement Applicant)

Date

ILWU-PMA PENSION PLAN
ILWU-PMA WATCHMEN PENSION PLAN

NOTICE TO RETIREMENT APPLICANTS

SUBJECT: Income Tax Withholding

Any pension payments you become entitled to receive under the ILWU-PMA Pension Plan or ILWU-PMA Watchmen Pension Plan, including disability pension payments, will be subject to federal income tax withholding unless you elect to the contrary.

If you want to have federal income taxes withheld from your pension payments, please complete the Federal Election Form (AKA Form W-4P Withholding Certificate for Periodic Pension or Annuity Payments). If you make an election to have withholding, it will remain in effect until revoked by you.

If you do not want to have taxes withheld from your pension payments, please complete the Federal Election Form (AKA Form W-4P), Steps 1 and 5-see Form W-4P General Instructions (page 2-3). If you make an election to have no withholding, it will remain in effect until revoked by you. We are required to inform you that if you elect out of withholding or if you do not have enough income tax withheld, you may be responsible for payment of estimated tax. You may be subject to penalties under IRS estimated tax rules if your withholding and estimated tax payments are not sufficient.

If you do not submit a Federal Election Form (AKA Form W-4P), federal income tax will be withheld from your pension payments as if you are a single person with no adjustments. Under this provision, there currently is no withholding on pension payments of **\$610.00** per month or less.

You will be able to change your federal income tax withholding at any time by submitting a new Federal Election Form (AKA Form W-4P).

SUBJECT: California Income Tax Withholding - **FOR CALIFORNIA RESIDENTS ONLY**

If you wish to have California tax withholding, you must also complete the enclosed California Election Form. If you do not submit the California Election Form, state income tax will be withheld from your pension payments as if you are a single person with no adjustments. Under this provision, there currently is no withholding on pension payments of **\$600.00** per month or less.

If you are found eligible for retirement, we will enclose with your certification letter instructions on how to change the withholding amount if you wish.

Withholding Certificate for Periodic Pension or Annuity Payments

2024

Give Form W-4P to the payer of your pension or annuity payments.

**Step 1:
 Enter
 Personal
 Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).

**Step 2:
 Income
 From a Job
 and/or
 Multiple
 Pensions/
 Annuities
 (Including a
 Spouse's
 Job/
 Pension/
 Annuity)**

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$ _____

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add other credits, such as foreign tax credit and education tax credits \$ _____ Add the amounts for qualifying children, other dependents, and other credits and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . .	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld from each payment . . .	4(c)	\$

**Step 5:
 Sign
 Here**

Your signature (This form is not valid unless you sign it.) _____
Date

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
2. Receive these payments or pension and annuity payments for only part of the year.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

Example 1. Bob, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Bob also has a job that pays \$25,000 a year. Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

Example 2. Carol, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Don, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Don does not have a job, but he receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Don will not enter any amounts in Step 2.

If Don also has \$1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than

Specific Instructions (continued)

having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions.

This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b)—Deductions Worksheet (Keep for your records.)



1	Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$ _____			
2	Enter: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately 	}	2	\$ _____
{	<ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately 	}				
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$ _____			
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> • \$1,950 if you're single or head of household. • \$1,550 if you're married filing separately. • \$1,550 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,100 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4	\$ _____			
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	5	\$ _____			
6	Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P	6	\$ _____			

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

FREQUENTLY ASKED QUESTIONS- IRS NEW FORM W-4P

1. WHAT IS THE W-4P TAX FORM?

Form W-4P is applicable to US citizens who are recipients of pensions, annuities, and certain other deferred compensation used to tell payers (e.g., the Benefit Plans Office) the correct amount of federal income tax to withhold from their payment or payments.

See IRS Publications 515 and 519 (Form W-8BEN) for non-resident aliens and foreign estates.

2. HOW OFTEN CAN I CHANGE MY W-4P?

You can change your W-4P at any time during the year. Just remember, adjustments made later in the year will have less impact on your taxes for that year.

3. AM I REQUIRED TO CHANGE MY FORM W-4P?

No. Current retirees and beneficiaries who do not wish to make changes to their current Form W-4P are not required to file a new form.

4. WHAT DO I NEED TO KNOW ABOUT THE NEW FORM W-4P?

The revised Form W-4P (Withholding Certificate for Periodic Pension or Annuity Payments) revised in 2021 includes substantial changes to the federal tax withholding elections available. Use of these forms was optional for tax year 2022; however, the IRS requires that the new forms be used beginning January 1, 2023.

5. WHO MUST USE THE REVISED 2022 FORM W-4P?

BPO participants retired or retiring on or after January 1, 2023, must use the revised Form W-4P if you intend to change your withholding.

6. WHAT HAPPENS IF I DO NOT SUBMIT MY TAX WITHHOLDING ELECTIONS?

Beginning January 1, 2023, if there are no tax withholding instructions on file for you, the BPO is required to withhold federal tax from your taxable monthly pension payment based on a filing status of Single with no adjustments.

7. IF I HAVE AN ELECTION ON FILE, MUST I CHANGE TO THE NEW FORM?

No. BPO retirees and beneficiaries who already receive monthly benefit payments and who do not wish to make changes to their federal tax withholding elections are not required to file the new form. Retirees and beneficiaries may change their withholding option at any time by submitting the revised 2023 Form W-4P to the BPO.

8. WHAT ARE THE CHANGES TO FORM W-4P FOR 2022?

A major change to the Form-4P is that filers will no longer be able to adjust their withholding by electing a specific number of withholding allowances. Previously, federal tax withholding calculations for pensions and other eligible periodic payments were based on the filing status (married or single) and number of withholding allowances reported. The revised form has new input fields for increasing or decreasing the amount to withhold, including fields for tax credits and deductions. While the calculation method is more complex, the IRS maintains that, when completed correctly, the new form will more accurately approximate the amount of tax due at the end of the year.

(OVER) . . .

9. WHERE CAN I FIND ASSISTANCE ABOUT IRS FORM W-4P?

See IRS Publication 15-T at: <https://www.irs.gov/pub/irs-pdf/p15t.pdf> for more information. If you need additional assistance in estimating your tax, you should consult with a tax advisor, financial advisor, CPA, or the IRS. The BPO cannot assist you in computing your estimated federal income tax.

10. CAN I ELECT TO HAVE NO FEDERAL INCOME TAX WITHHELD USING FORM W-4P?

Yes, you may indicate "no withholding" under Step 4(c). Please be advised that, if you elect to have no federal income taxes withheld or if you do not have sufficient federal income tax withheld from your retirement benefits, you may be responsible for payment of estimated tax.

11. HOW DO I SUBMIT THE FORM W-4P FOR PROCESSING?

Submit the completed form by email, fax, or regular mail (email: Pension@benefitplans.org or fax to 415- 749-1321). Forms must be received by the 7th of the month to be effective for the current month.

12. HOW MUCH SHOULD I HAVE WITHHELD FOR MY TAXES EACH MONTH?

The BPO cannot answer that question. Everyone's tax situation is different. You will need to check with your tax preparer.

13. I RECEIVE TWO OR MORE BENEFITS FROM THE BPO. DO I NEED TO CHANGE MY WITHHOLDING ON JUST ONE (OR BOTH)?

No. If you want to change your taxes on only one of your pension benefits, you will need to indicate which registration number to use on your form/request or we will apply the change to all your benefits.

14. WHERE CAN I FIND OUT MORE OR DOWNLOAD FORM W-4P?

- <https://www.irs.gov/forms-pubs/about-form-w-4-p>
- <https://www.irs.gov/pub/irs-pdf/fw4p.pdf>
- <https://www.benefitplans.org/forms>

STATE OF CALIFORNIA ELECTION FORM

PART I. Complete Section A or Section B. Do not complete both Sections.

A. I want my withholding from each pension payment to be figured using the marital status and number of withholding allowances shown below:

Single Married Unmarried Head of Household Number of allowances _____
[BLANK FIELD = ZERO (0) ALLOWANCES]

Additional amount (if any) I want deducted from each payment: \$ _____

OR

B. I want this fixed amount withheld from each pension payment: \$ _____

Signature of Pensioner or Survivor

Local/Reg.No.

Date

PRINT NAME HERE

() _____
Telephone Number (optional)

***** PART II FOR EXEMPT PURPOSES ONLY *****

PART II. Complete Part II only if you do not want to have California Personal Income Taxes withheld from your pension payments.

I elect not to have California income tax withheld from my pension. I understand that I can revoke this election at any time.

If you elect not to have tax withheld, you should be aware that your pension benefits are taxable income. You may be subject to penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

Signature of Pensioner or Survivor

Local/Reg.No.

Date

PRINT NAME HERE

() _____
Telephone Number (optional)

RETURN FORM TO:

ILWU-PMA Benefit Plans
1188 Franklin Street, Suite 101
San Francisco, CA 94109

Fax: (415) 749-1321
Email: pension@benefitplans.org

ILWU-PMA BENEFIT PLANS
1188 FRANKLIN STREET, SUITE 101, SAN FRANCISCO, CA 94109
TELEPHONE (415) 673-8500

Dear Payee:

As an alternative to mailing you your monthly benefit, ILWU-PMA Benefit Plans (Plan office) is offering you the option of having your monthly pension check electronically deposited to your financial institution. Electronic Fund Transfer (EFT) is limited by law to those financial institutions which are banks, savings and loans, and credit unions. This is an optional program.

WHAT IS EFT?

With EFT, your pension benefit is sent electronically to your financial institution and credited directly to your account. There is no check printed or sent through the mail.

WHAT ARE THE ADVANTAGES OF EFT?

- Immediate and uninterrupted deposits during periods of absence from residence.
- Your pension benefit is credited to your account on the first banking day of each month.
- Reduced risk of loss, theft, or forgery of benefit checks.

In order to participate in EFT, complete Section 1 of the Electronic Fund Transfer Authorization Form. Have your bank complete Section 2 and send the completed form to the Plan office.

Prior to transmission of your initial EFT, you will receive an effective date notification at the home address you have on record with the Plan office.

INFORMATION AND INSTRUCTIONS

PLEASE READ THIS CAREFULLY

WHEN TO USE THE ELECTRONIC FUND TRANSFER AUTHORIZATION FORM

The authorization form should be filled out in full and signed by both you and an authorized official of your financial institution for the following purposes:

1. To sign up as a new enrollee.
2. To change Electronic Fund Transfer from checking to savings and vice versa.
3. To change Electronic Fund Transfer from one financial institution to another.
4. To change depositor account numbers within a financial institution.

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WHEN WILL MY FIRST ELECTRONIC FUND TRANSFER TRANSACTION BE CREDITED TO MY ACCOUNT?

Your first transaction may occur from 60 to 90 days after your request form is received by the Plan office. You will receive notice of deposit from the Plan office prior to the first transaction.

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Plan office and the financial institution of the death of the payee. Funds deposited after the date of death are to be returned to the Plan office. The Plan office will then make a determination regarding benefits payable and beneficiary's entitlement. Failure to notify the Plan office of the death of the payee could result in substantial liability to the account holder.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the payee by written notice to the Plan office, by the death or legal incapacity of the payee, or cancelled by the Plan if benefits terminate in accordance with Plan provisions.

The agreement represented by this authorization may be cancelled by the financial institution by providing the payee a written notice 30 days in advance of the cancellation date. The payee must immediately advise the Plan office if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Plan office.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

Your Electronic Fund Transfer will continue to be received by the selected financial institution until you notify the Plan office that you wish to change the financial institution receiving the Electronic Fund Transfer. To effect this change, you must complete a new Electronic Fund Transfer Authorization Form. It is recommended that you maintain accounts at both financial institutions until the process is complete and until the new financial institution has received your first Electronic Fund Transfer.

**PAYEE MUST KEEP THE BENEFIT PLANS OFFICE
INFORMED OF ANY ADDRESS CHANGES**

ILWU-PMA BENEFIT PLANS
 1188 FRANKLIN STREET, SUITE 101, SAN FRANCISCO, CA 94109
 TELEPHONE (888) 372-4598 FAX (415) 749-1321
 www.benefitplans.org

ELECTRONIC FUND TRANSFER AUTHORIZATION

TO SIGN UP FOR ELECTRONIC FUND TRANSFER, PLEASE READ THE BACK OF THIS FORM AND FILL IN THE INFORMATION REQUESTED IN SECTION 1. THEN TAKE OR MAIL THIS FORM TO YOUR FINANCIAL INSTITUTION. THE FINANCIAL INSTITUTION WILL VERIFY THE INFORMATION IN SECTION 1 AND WILL COMPLETE SECTION 2. **SEND THE COMPLETED FORM TO ILWU-PMA BENEFIT PLANS, 1188 FRANKLIN STREET, SUITE 101, SAN FRANCISCO, CA 94109.**

PAYEE MUST KEEP THE BENEFIT PLANS OFFICE INFORMED OF ANY ADDRESS CHANGES.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A Name of Payee (last, first, middle initial)	B Payee Social Security Number _____ - _____ - _____
Address (Street, Route, P.O. Box)	C Local and Registration Number _____ - _____
City State Zip Code	D Type of Depositor Account (Check One) <input type="checkbox"/> FDIC/NCUA Insured Checking Account <input type="checkbox"/> FDIC/NCUA Insured Savings Account
E Account Information	
You must enclose a personal voided check with your pre-printed name and address or deposit slip/letter from your financial institution indicating your account number, routing number, type of account (Checking or Savings).	
<p style="text-align: center;">PAYEE CERTIFICATION</p> <p>I certify that I am entitled to the payment identified above, and that I have read and understood the information and instructions on this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account. I authorize amounts transferred after my date of death or transmitted in error to be debited to my account.</p>	<p style="text-align: center;">JOINT ACCOUNT HOLDER'S CERTIFICATION</p> <p>I certify that I have read and understood the information and instructions on this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.</p>
SIGNATURE OF PAYEE DATE	SIGNATURE OF JOINT ACCOUNT HOLDER DATE
PHONE NUMBER: ()	PRINT NAME, ADDRESS AND PHONE NUMBER OF JOINT ACCOUNT HOLDER

SECTION 2 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

Name and Address of Financial Institution		Bank Routing Number _____ - _____
Branch Name and Number	Branch Telephone Number () Branch Fax Number ()	Account Owners/Signers (must include Payee name)
FINANCIAL INSTITUTION CERTIFICATION		
I confirm the identity of the above-named payee(s) and the account number and account owners. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above. I also confirm the account listed above is FDIC/NCUA Insured.		
Print or Type Representative's Name	Signature of Representative	Date