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Operating Engineers Local 825 Fund Service Facilities

65 Springfield Avenue, Second Floor
Springfield, New Jersey 07081
(973) 671-6800

Pre-Cert and PPO
(800) 677-3237

EMPLOYER TRUSTEES

ROSS J. PEPE, *CO-CHAIRMAN*
ARTHUR B. CORWIN
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CHRISTINE MEDICH
ADMINISTRATOR



UNION TRUSTEES

GREGORY LALEVEE, *CHAIRMAN*
JAMES MCGOWAN
MATTY WHITE
JOHN WOOD

Dear Participant:

Enclosed are an Application for Pension, tax withholding forms, an optional direct deposit enrollment form, Employment after Retirement notice, and, if eligible for medical coverage as a retiree, Important Information Regarding Retiree Health Coverage notice and Spousal Insurance Information form.

Please note that in order to process your application, you must submit a copy of your birth certificate and social security card, your spouse's birth certificate and social security card, and a copy of your marriage certificate. If you previously divorced, submit a copy of the final judgment of divorce and qualified domestic relations order (QDRO).

It is important to submit your Application for Pension at least one month prior to the time you wish to retire. Your pension effective date will be the first of any month you choose or the first of the month following receipt of your completed application for pension, whichever is later. Upon return of your completed Application for Pension, your pension payment options and information regarding medical coverage under the Welfare Fund (if applicable) will be prepared and mailed to you.

In addition, please contact your **Local Union Hall** concerning your **Union Book Status** after retirement.

Middletown, NY

(845) 674-9020

Springfield, NJ

(973) 671-6900

Cherry Hill, NJ

(856) 470-1480

Should you have any questions please contact the Pension Department at (973) 671-6800.

MOE Local 825 Pension Department



Operating Engineers Local 825 Pension Fund
APPLICATION FOR PENSION

APPLICANT INFORMATION

Name:
Date of birth: SSN: Marital Status: S M W D (Please circle)
Current address:
City: State: ZIP Code:
Home Phone: Cell Phone: E-Mail:

I am applying for a retirement pension. My retirement date is:

EMPLOYMENT INFORMATION (REQUIRED)

Please list your Local 825 employers for the last six (6) months. If more is required then please list additional employers on a separate sheet. If you have not been employed during the last six (6) months, please indicate your last Local 825 employer.

Employer: End Work Date: / /
Employer: End Work Date: / /
Employer: End Work Date: / /

SPOUSE INFORMATION (IF MARRIED)

Name:
Date of birth: SSN: Date of marriage:
Current address (If different than applicant):
City: State: ZIP Code:
Home Phone: Cell Phone: E-Mail:

APPLICANT'S STATEMENT

This is my application for a retirement pension. I represent that the information in this application is correct. I understand that the Pension Fund will rely upon the information supplied by me and that my pension may be in jeopardy if I have misled the Pension Fund. I also understand that pension payments may be suspended in the event that I hereafter engage in disqualifying employment as defined under the Pension Plan. I further understand that all disbursements will be made to me in accordance with the terms of the Pension Plan.

Signature of applicant: Date:
Signature of spouse (if married): Date:

For Office Use Only

GROSS PENSION
NET PENSION

AGE: Applicant Spouse CREDIT TOTAL PENSION TYPE EFFECTIVE DATE

Option chosen by applicant: 1. 2. 2A. 3. 3A. 4. 4A. 5. 6.

Withholding Certificate for Pension or Annuity Payments

Purpose. Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You also may use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or for payments to U.S. citizens to be delivered outside the United States or its possessions) or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on pages 3 and 4. Your previously filed Form W-4P will remain in effect if you don't file a Form W-4P for 2017.

What do I need to do? Complete lines A through G of the **Personal Allowances Worksheet**. Use the additional worksheets on page 2 to further adjust your withholding allowances for itemized deductions, adjustments to income, any additional standard deduction, certain credits, or multiple pensions/more-than-one-income situations. If you don't want any federal income tax withheld (see *Purpose*, earlier), you can skip the worksheets and go directly to the Form W-4P below. **Sign this form.** Form W-4P is not valid unless you sign it.

Future developments. For the latest information about Form W-4P, such as legislation enacted after we release it, go to www.irs.gov/w4p.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____

B Enter "1" if:
 { • You're single and have only one pension; or
 • You're married, have only one pension, and your spouse has no income subject to withholding; or
 • Your income from a second pension or a job or your spouse's pension or wages (or the total of all) is \$1,500 or less. } **B** _____

C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you're married and have either a spouse who has income subject to withholding or more than one source of income subject to withholding. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter the number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as **head of household** on your tax return **E** _____

F Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then **less "1"** if you have two to four eligible children or **less "2"** if you have five or more eligible children.
 • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child **F** _____

G Add lines A through F and enter total here. (**Note:** This may be different from the number of exemptions you claim on your tax return.) ► **G** _____

For accuracy, complete all worksheets that apply.
 { • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you're **single and have more than one source of income subject to withholding** or are **married and you and your spouse both have income subject to withholding** and your combined income from all sources exceeds \$50,000 (\$20,000 if married), see the **Multiple Pensions/More-Than-One-Income Worksheet** on page 2 to avoid having too little tax withheld.
 • If **neither** of the above situations applies, **stop here** and enter the number from line G on line 2 of Form W-4P below.

Separate here and give Form W-4P to the payer of your pension or annuity. Keep the top part for your records.

Withholding Certificate for Pension or Annuity Payments

► For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Your first name and middle initial	Last name	Your social security number
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

Complete the following applicable lines.

- 1 Check here if you **do not want any** federal income tax withheld from your pension or annuity. (Do not complete line 2 or 3.) ►
- 2 Total number of allowances and marital status you are claiming for withholding from each **periodic pension or annuity payment**. (You also may designate an additional dollar amount on line 3.) ► _____ (Enter number of allowances.)
Marital status: Single Married Married, but withhold at higher Single rate.
- 3 Additional amount, if any, you want withheld from each pension or annuity payment. (**Note:** For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.) ► \$ _____

Your signature ► _____

Date ► _____

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1 Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details 1 \$ _____

2 Enter: { \$12,700 if married filing jointly or qualifying widow(er)
\$9,350 if head of household
\$6,350 if single or married filing separately } 2 \$ _____

3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____

4 Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____

5 Add lines 3 and 4 and enter the total. (Include any credit amounts from the *Converting Credits to Withholding Allowances for 2017 Form W-4* worksheet in Pub. 505.) 5 \$ _____

6 Enter an estimate of your 2017 income not subject to withholding (such as dividends or interest) 6 \$ _____

7 Subtract line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____

8 Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction 8 _____

9 Enter the number from the **Personal Allowances Worksheet**, line G, page 1 9 _____

10 Add lines 8 and 9 and enter the total here. If you use the **Multiple Pensions/More-Than-One-Income Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4P, line 2, page 1 10 _____

Multiple Pensions/More-Than-One-Income Worksheet

Note: Complete *only* if the instructions under line G, page 1, direct you here. This applies if you (and your spouse if married filing jointly) have more than one source of income subject to withholding (such as more than one pension, or a pension and a job, or you have a pension and your spouse works).

1 Enter the number from line G, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____

2 Find the number in **Table 1** below that applies to the **LOWEST** paying pension or job and enter it here. **However**, if you're married filing jointly and the amount from the highest paying pension or job is \$65,000 or less, do not enter more than "3" 2 _____

3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4P, line 2, page 1. **Do not** use the rest of this worksheet 3 _____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4P, line 2, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet 4 _____

5 Enter the number from line 1 of this worksheet 5 _____

6 Subtract line 5 from line 4 6 _____

7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying pension or job and enter it here 7 \$ _____

8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____

9 Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 12 if you're paid every month and you complete this form in December 2016. Enter the result here and on Form W-4P, line 3, page 1. This is the additional amount to be withheld from each payment 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job or pension are--	Enter on line 2 above	If wages from LOWEST paying job or pension are--	Enter on line 2 above	If wages from HIGHEST paying job or pension are--	Enter on line 7 above	If wages from HIGHEST paying job or pension are--	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Additional Instructions

Section references are to the Internal Revenue Code.

When should I complete the form? Complete Form W-4P and give it to the payer as soon as possible. Get Pub. 505, Tax Withholding and Estimated Tax, to see how the dollar amount you're having withheld compares to your projected total federal income tax for 2017. You also may use the IRS Withholding Calculator at www.irs.gov/individuals for help in determining how many withholding allowances to claim on your Form W-4P.

Multiple pensions/more-than-one-income. To figure the number of allowances that you may claim, combine allowances and income subject to withholding from all sources on one worksheet. You may file a Form W-4P with each pension payer, but don't claim the same allowances more than once. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4P for the highest source of income subject to withholding and zero allowances are claimed on the others.

Other income. If you have a large amount of income from other sources not subject to withholding (such as interest, dividends, or capital gains), consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Get Form 1040-ES and Pub. 505 at www.irs.gov/formspubs.

If you have income from wages, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or Form W-4P.

Note: Social security and railroad retirement payments may be includible in income. See Form W-4V, Voluntary Withholding Request, for information on voluntary withholding from these payments.

Withholding From Pensions and Annuities

Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans; from individual retirement arrangements (IRAs); and from commercial annuities. The method and rate of withholding depend on (a) the kind of payment you receive; (b) whether the payments are to be delivered outside the United States or its possessions; and (c) whether the recipient is a nonresident alien individual, a nonresident alien beneficiary, or a foreign estate. Qualified distributions from a Roth IRA are nontaxable and, therefore, not subject to withholding. See page 4 for special withholding rules that apply to payments to be delivered outside the United States and payments to foreign persons.

Because your tax situation may change from year to year, you may want to refigure your withholding each year. You can change the amount to be withheld by using lines 2 and 3 of Form W-4P.

Choosing not to have income tax withheld. You (or in the event of death, your beneficiary or estate) can choose not to have federal income tax withheld from your payments by using line 1 of Form W-4P. For an estate, the election to have no income tax withheld may be made by the executor or personal representative of the decedent. Enter the estate's employer identification number (EIN) in the area reserved for "Your social security number" on Form W-4P.

You may not make this choice for eligible rollover distributions. See *Eligible rollover distribution—20% withholding* on page 4.

Caution: There are penalties for not paying enough federal income tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see Pub. 505. It explains your estimated tax requirements and describes penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your pension or annuity using Form W-4P.

Periodic payments. Withholding from periodic payments of a pension or annuity is figured in the same manner as withholding from wages. Periodic payments are made in installments at regular intervals over a period of more than 1 year. They may be paid annually, quarterly, monthly, etc.

If you want federal income tax to be withheld, you must designate the number of withholding allowances on line 2 of Form W-4P and indicate your marital status by checking the appropriate box. Under current law, you can't designate a specific dollar amount to be withheld. However, you can designate an additional amount to be withheld on line 3.

If you don't want any federal income tax withheld from your periodic payments, check the box on line 1 of Form W-4P and submit the form to your payer. However, see *Payments to Foreign Persons and Payments To Be Delivered Outside the United States* on page 4.

Caution: If you don't submit Form W-4P to your payer, the payer must withhold on periodic payments as if you're married claiming three withholding allowances. Generally, this means that tax will be withheld if your pension or annuity is at least \$1,720 a month.

If you submit a Form W-4P that doesn't contain your correct social security number (SSN), the payer must withhold as if you're single claiming zero withholding allowances even if you checked the box on line 1 to have no federal income tax withheld.

There are some kinds of periodic payments for which you can't use Form W-4P because they're already defined as wages subject to federal income tax withholding. These payments include retirement pay for service in the U.S. Armed Forces and payments from certain nonqualified deferred compensation plans and deferred compensation plans described in section 457 of tax-exempt organizations. Your payer should be able to tell you whether Form W-4P applies.

For periodic payments, your Form W-4P stays in effect until you change or revoke it. Your payer must notify you each year of your right to choose not to have federal income tax withheld (if permitted) or to change your choice.

Nonperiodic payments—10% withholding. Your payer must withhold at a flat 10% rate from nonperiodic payments (but see *Eligible rollover distribution—20% withholding* on page 4) unless you choose not to have federal income tax withheld. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. You can choose not to have federal income tax withheld from a nonperiodic payment (if permitted) by submitting Form W-4P (containing your correct SSN) to your payer and checking the box on line 1. However, see *Payments to Foreign Persons and Payments To Be Delivered Outside the United States* on page 4. Generally, your choice not to have federal income tax withheld will apply to any later payment from the same plan. You can't use line 2 for nonperiodic payments. But you may use line 3 to specify an additional amount that you want withheld.

Caution: If you submit a Form W-4P that doesn't contain your correct SSN, the payer can't honor your request not to have income tax withheld and must withhold 10% of the payment for federal income tax.

Eligible rollover distribution—20% withholding. Distributions you receive from qualified pension or annuity plans (for example, 401(k) pension plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over tax free to an IRA or qualified plan are subject to a flat 20% federal withholding rate. The 20% withholding rate is required, and you can't choose not to have income tax withheld from eligible rollover distributions. Don't give Form W-4P to your payer unless you want an additional amount withheld. Then, complete line 3 of Form W-4P and submit the form to your payer.

Note: The payer won't withhold federal income tax if the entire distribution is transferred by the plan administrator in a direct rollover to a traditional IRA or another eligible retirement plan (if allowed by the plan), such as a qualified pension plan, governmental section 457(b) plan, section 403(b) contract, or tax-sheltered annuity.

Distributions that are (a) required by law, (b) one of a specified series of equal payments, or (c) qualifying "hardship" distributions are not "eligible rollover distributions" and aren't subject to the mandatory 20% federal income tax withholding. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* on page 3.

Tax relief for victims of terrorist attacks. For tax years ending after September 10, 2001, disability payments for injuries incurred as a direct result of a terrorist attack directed against the United States (or its allies), whether outside or within the United States, aren't included in income. You may check the box on line 1 of Form W-4P and submit the form to your payer to have no federal income tax withheld from these disability payments. However, you must include in your income any amounts that you received or you would've received in retirement had you not become disabled as a result of a terrorist attack. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Changing Your "No Withholding" Choice

Periodic payments. If you previously chose not to have federal income tax withheld and you now want withholding, complete another Form W-4P and submit it to your payer. If you want federal income tax withheld at the rate set by law (married with three allowances), write "Revoked" next to the checkbox on line 1 of the form. If you want tax withheld at any different rate, complete line 2 on the form.

Nonperiodic payments. If you previously chose not to have federal income tax withheld and you now want withholding, write "Revoked" next to the checkbox on line 1 and submit Form W-4P to your payer.

Payments to Foreign Persons and Payments To Be Delivered Outside the United States

Unless you're a nonresident alien, withholding (in the manner described above) is required on any periodic or nonperiodic payments that are to be delivered to you outside the United States or its possessions. You can't choose not to have federal income tax withheld on line 1 of Form W-4P. See Pub. 505 for details.

In the absence of a tax treaty exemption, nonresident aliens, nonresident alien beneficiaries, and foreign estates generally are subject to a 30% federal withholding tax under section 1441 on the taxable portion of a periodic or nonperiodic pension or annuity payment that is from U.S. sources. However, most tax treaties provide that private pensions and annuities are exempt from withholding and tax. Also, payments from certain pension plans are exempt from withholding even if no tax treaty applies. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for details. A foreign person should submit Form W-8BEN, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding, to the payer before receiving any payments. The Form W-8BEN must contain the foreign person's taxpayer identification number (TIN).

Statement of Federal Income Tax Withheld From Your Pension or Annuity

By January 31 of next year, your payer will furnish a statement to you on Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc., showing the total amount of your pension or annuity payments and the total federal income tax withheld during the year. If you're a foreign person who has provided your payer with Form W-8BEN, your payer instead will furnish a statement to you on Form 1042-S, Foreign Person's U.S. Source Income Subject to Withholding, by March 15 of next year.

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 periodic pension or annuity payments based on your withholding allowances and marital status, (b) request additional federal income tax withholding from your pension or annuity, (c) choose not to have federal income tax withheld, when permitted, or (d) change or revoke 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). Providing false or 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 possessions 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.

Wage Bracket Method Tables for Income Tax Withholding

SINGLE Persons—MONTHLY Payroll Period

(For Wages Paid through December 31, 2017)

And the wages are—		And the number of withholding allowances claimed is—										
At least	But less than	0	1	2	3	4	5	6	7	8	9	10
The amount of income tax to be withheld is—												
		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$ 0	\$220	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
220	230	3	0	0	0	0	0	0	0	0	0	0
230	240	4	0	0	0	0	0	0	0	0	0	0
240	250	5	0	0	0	0	0	0	0	0	0	0
250	260	6	0	0	0	0	0	0	0	0	0	0
260	270	7	0	0	0	0	0	0	0	0	0	0
270	280	8	0	0	0	0	0	0	0	0	0	0
280	290	9	0	0	0	0	0	0	0	0	0	0
290	300	10	0	0	0	0	0	0	0	0	0	0
300	320	12	0	0	0	0	0	0	0	0	0	0
320	340	14	0	0	0	0	0	0	0	0	0	0
340	360	16	0	0	0	0	0	0	0	0	0	0
360	380	18	0	0	0	0	0	0	0	0	0	0
380	400	20	0	0	0	0	0	0	0	0	0	0
400	420	22	0	0	0	0	0	0	0	0	0	0
420	440	24	0	0	0	0	0	0	0	0	0	0
440	460	26	0	0	0	0	0	0	0	0	0	0
460	480	28	0	0	0	0	0	0	0	0	0	0
480	500	30	0	0	0	0	0	0	0	0	0	0
500	520	32	0	0	0	0	0	0	0	0	0	0
520	540	34	0	0	0	0	0	0	0	0	0	0
540	560	36	2	0	0	0	0	0	0	0	0	0
560	580	38	4	0	0	0	0	0	0	0	0	0
580	600	40	6	0	0	0	0	0	0	0	0	0
600	640	43	9	0	0	0	0	0	0	0	0	0
640	680	47	13	0	0	0	0	0	0	0	0	0
680	720	51	17	0	0	0	0	0	0	0	0	0
720	760	55	21	0	0	0	0	0	0	0	0	0
760	800	59	25	0	0	0	0	0	0	0	0	0
800	840	63	29	0	0	0	0	0	0	0	0	0
840	880	67	33	0	0	0	0	0	0	0	0	0
880	920	71	37	3	0	0	0	0	0	0	0	0
920	960	75	41	7	0	0	0	0	0	0	0	0
960	1,000	79	45	11	0	0	0	0	0	0	0	0
1,000	1,040	85	49	15	0	0	0	0	0	0	0	0
1,040	1,080	91	53	19	0	0	0	0	0	0	0	0
1,080	1,120	97	57	23	0	0	0	0	0	0	0	0
1,120	1,160	103	61	27	0	0	0	0	0	0	0	0
1,160	1,200	109	65	31	0	0	0	0	0	0	0	0
1,200	1,240	115	69	35	2	0	0	0	0	0	0	0
1,240	1,280	121	73	39	6	0	0	0	0	0	0	0
1,280	1,320	127	77	43	10	0	0	0	0	0	0	0
1,320	1,360	133	83	47	14	0	0	0	0	0	0	0
1,360	1,400	139	89	51	18	0	0	0	0	0	0	0
1,400	1,440	145	95	55	22	0	0	0	0	0	0	0
1,440	1,480	151	101	59	26	0	0	0	0	0	0	0
1,480	1,520	157	107	63	30	0	0	0	0	0	0	0
1,520	1,560	163	113	67	34	0	0	0	0	0	0	0
1,560	1,600	169	119	71	38	4	0	0	0	0	0	0
1,600	1,640	175	125	75	42	8	0	0	0	0	0	0
1,640	1,680	181	131	80	46	12	0	0	0	0	0	0
1,680	1,720	187	137	86	50	16	0	0	0	0	0	0
1,720	1,760	193	143	92	54	20	0	0	0	0	0	0
1,760	1,800	199	149	98	58	24	0	0	0	0	0	0
1,800	1,840	205	155	104	62	28	0	0	0	0	0	0
1,840	1,880	211	161	110	66	32	0	0	0	0	0	0
1,880	1,920	217	167	116	70	36	2	0	0	0	0	0
1,920	1,960	223	173	122	74	40	6	0	0	0	0	0
1,960	2,000	229	179	128	78	44	10	0	0	0	0	0
2,000	2,040	235	185	134	84	48	14	0	0	0	0	0
2,040	2,080	241	191	140	90	52	18	0	0	0	0	0
2,080	2,120	247	197	146	96	56	22	0	0	0	0	0
2,120	2,160	253	203	152	102	60	26	0	0	0	0	0
2,160	2,200	259	209	158	108	64	30	0	0	0	0	0
2,200	2,240	265	215	164	114	68	34	0	0	0	0	0
2,240	2,280	271	221	170	120	72	38	4	0	0	0	0
2,280	2,320	277	227	176	126	76	42	8	0	0	0	0
2,320	2,360	283	233	182	132	81	46	12	0	0	0	0
2,360	2,400	289	239	188	138	87	50	16	0	0	0	0

Wage Bracket Method Tables for Income Tax Withholding

MARRIED Persons—MONTHLY Payroll Period

(For Wages Paid through December 31, 2017)

And the wages are—		And the number of withholding allowances claimed is—										
At least	But less than	0	1	2	3	4	5	6	7	8	9	10
The amount of income tax to be withheld is—												
\$ 0	\$720	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
720	760	2	0	0	0	0	0	0	0	0	0	0
760	800	6	0	0	0	0	0	0	0	0	0	0
800	840	10	0	0	0	0	0	0	0	0	0	0
840	880	14	0	0	0	0	0	0	0	0	0	0
880	920	18	0	0	0	0	0	0	0	0	0	0
920	960	22	0	0	0	0	0	0	0	0	0	0
960	1,000	26	0	0	0	0	0	0	0	0	0	0
1,000	1,040	30	0	0	0	0	0	0	0	0	0	0
1,040	1,080	34	0	0	0	0	0	0	0	0	0	0
1,080	1,120	38	4	0	0	0	0	0	0	0	0	0
1,120	1,160	42	8	0	0	0	0	0	0	0	0	0
1,160	1,200	46	12	0	0	0	0	0	0	0	0	0
1,200	1,240	50	16	0	0	0	0	0	0	0	0	0
1,240	1,280	54	20	0	0	0	0	0	0	0	0	0
1,280	1,320	58	24	0	0	0	0	0	0	0	0	0
1,320	1,360	62	28	0	0	0	0	0	0	0	0	0
1,360	1,400	66	32	0	0	0	0	0	0	0	0	0
1,400	1,440	70	36	2	0	0	0	0	0	0	0	0
1,440	1,480	74	40	6	0	0	0	0	0	0	0	0
1,480	1,520	78	44	10	0	0	0	0	0	0	0	0
1,520	1,560	82	48	14	0	0	0	0	0	0	0	0
1,560	1,600	86	52	18	0	0	0	0	0	0	0	0
1,600	1,640	90	56	22	0	0	0	0	0	0	0	0
1,640	1,680	94	60	26	0	0	0	0	0	0	0	0
1,680	1,720	98	64	30	0	0	0	0	0	0	0	0
1,720	1,760	102	68	34	1	0	0	0	0	0	0	0
1,760	1,800	106	72	38	5	0	0	0	0	0	0	0
1,800	1,840	110	76	42	9	0	0	0	0	0	0	0
1,840	1,880	114	80	46	13	0	0	0	0	0	0	0
1,880	1,920	118	84	50	17	0	0	0	0	0	0	0
1,920	1,960	122	88	54	21	0	0	0	0	0	0	0
1,960	2,000	126	92	58	25	0	0	0	0	0	0	0
2,000	2,040	130	96	62	29	0	0	0	0	0	0	0
2,040	2,080	134	100	66	33	0	0	0	0	0	0	0
2,080	2,120	138	104	70	37	3	0	0	0	0	0	0
2,120	2,160	142	108	74	41	7	0	0	0	0	0	0
2,160	2,200	146	112	78	45	11	0	0	0	0	0	0
2,200	2,240	150	116	82	49	15	0	0	0	0	0	0
2,240	2,280	154	120	86	53	19	0	0	0	0	0	0
2,280	2,320	159	124	90	57	23	0	0	0	0	0	0
2,320	2,360	165	128	94	61	27	0	0	0	0	0	0
2,360	2,400	171	132	98	65	31	0	0	0	0	0	0
2,400	2,440	177	136	102	69	35	1	0	0	0	0	0
2,440	2,480	183	140	106	73	39	5	0	0	0	0	0
2,480	2,520	189	144	110	77	43	9	0	0	0	0	0
2,520	2,560	195	148	114	81	47	13	0	0	0	0	0
2,560	2,600	201	152	118	85	51	17	0	0	0	0	0
2,600	2,640	207	157	122	89	55	21	0	0	0	0	0
2,640	2,680	213	163	126	93	59	25	0	0	0	0	0
2,680	2,720	219	169	130	97	63	29	0	0	0	0	0
2,720	2,760	225	175	134	101	67	33	0	0	0	0	0
2,760	2,800	231	181	138	105	71	37	3	0	0	0	0
2,800	2,840	237	187	142	109	75	41	7	0	0	0	0
2,840	2,880	243	193	146	113	79	45	11	0	0	0	0
2,880	2,920	249	199	150	117	83	49	15	0	0	0	0
2,920	2,960	255	205	154	121	87	53	19	0	0	0	0
2,960	3,000	261	211	160	125	91	57	23	0	0	0	0
3,000	3,040	267	217	166	129	95	61	27	0	0	0	0
3,040	3,080	273	223	172	133	99	65	31	0	0	0	0
3,080	3,120	279	229	178	137	103	69	35	2	0	0	0
3,120	3,160	285	235	184	141	107	73	39	6	0	0	0
3,160	3,200	291	241	190	145	111	77	43	10	0	0	0
3,200	3,240	297	247	196	149	115	81	47	14	0	0	0
3,240	3,280	303	253	202	153	119	85	51	18	0	0	0
3,280	3,320	309	259	208	157	123	89	55	22	0	0	0
3,320	3,360	315	265	214	163	127	93	59	26	0	0	0
3,360	3,400	321	271	220	169	131	97	63	30	0	0	0

**STATE OF NEW JERSEY
WITHHOLDING FROM PENSION BENEFIT PAYMENTS**

Dear Retiree:

If you wish to voluntarily start withholding New Jersey Gross Income Tax from your pension check, change the amount currently withheld, or stop withholding, please complete the form below and return it to:

**Operating Engineers Local 825 Pension Fund
65 Springfield Avenue
Second Floor
Springfield, New Jersey 07081**

Be sure to sign and date your completed form.

Certificate of Voluntary Withholding of New Jersey Gross Income Tax from Pension and Annuity Payments.
(Please Print)

NJ-W-4P

Name: _____ Social Security No. _____

- I elect to have New Jersey Gross Income Tax withheld from each pension or annuity payment in the amount of \$_____.00 (minimum \$10.00 per payment or an even dollar amount greater than the minimum.)
- Stop/Do not withhold New Jersey Income Tax.

Your Signature _____

Date: _____

**OPERATING ENGINEERS LOCAL 825 PENSION FUND
ENROLLMENT FORM FOR DIRECT DEPOSIT OF PENSION PAYMENTS**

Name of Person Receiving Pension Payment

First	Last	Social Security Number
--------------	-------------	-------------------------------

Bank Name

Type of Account (choose one):

_____ checking _____ savings

Bank's Routing/Transit/ ABA Number _____
(You may need to obtain this number from your bank)

Bank Account Number _____

I hereby authorize Operating Engineers Local 825 Pension Fund (the "Fund") to make all pension payments due me to the bank indicated above for direct deposit into my account.

To correct any overpayments credited to my account during or after my lifetime, I hereby authorize and direct the bank designated above to debit my account and to refund any such overpayment to the Fund.

This authorization will remain in effect until the Fund receives further written notice from me, and the Fund has had reasonable opportunity to act on it.

Signature	Date
------------------	-------------

Home Address
()

Telephone Number

___ Please check if this is a change in your mailing address.

Attach a voided check or bank statement to ensure accurate identification and confirm that the account is in the name (or joint name) of the Payee. Requests received without documentation will not be accepted.

PLEASE SEE INSTRUCTIONS ON OTHER SIDE

INSTRUCTIONS FOR DIRECT DEPOSIT

INFORMATION

All identifying information should be completed, including the full name of the Payee. Payee refers to the retired plan participant, surviving spouse or beneficiary entitled to payment. The bank account specified must be in the Pensioner's name or in the Pensioner's name as part of joint account.

The name, routing/ABA number and the account number of the bank should be inserted in the space provided. Attach a voided check or bank statement to ensure accurate identification and that the account is in the name (or joint name) of the Payee. Requests received without documentation will not be accepted. Requests received for direct deposit to an account not in the Payee's name will not be accepted.

SIGNATURE

This form should be signed and dated by the Payee. If the Payee is unable to sign this form, a duly appointed Power of Attorney may complete this form. Please attach a copy of the Power of Attorney paperwork if not already on file.

PLEASE NOTE:

If you decide to have your payments via direct deposit, it is very important that you notify us of any error or change in address even though your payments are deposited into your bank account. This information is necessary in case we have to correspond with you. Payments may be suspended if we are unable to locate you.

Please return this completed form to:

Operating Engineers Local 825 Pension Fund
65 Springfield Ave. 2nd Floor
Springfield, NJ 07081

Phone: (973) 671-6800
Fax: (973) 774-1305

Employment After Retirement

The International Union of Operating Engineers Local 825 Pension Plan provides for the suspension of pension benefits for any month in which you engage in disqualifying employment as outlined below.

For purposes of benefits accrued prior to January 1, 2007:

You engage in disqualifying employment if employed forty (40) hours or more per month, whether or not under a collective bargaining agreement, performing work covered by any classification described in the Union's Collective Bargaining Agreement within the geographic jurisdiction of the Union.

For purposes of benefits accrued on or after January 1, 2007:

If you have not yet attained age sixty-two (62), you engage in disqualifying employment if employed for one (1) hour or more per month, whether or not under a collective bargaining agreement, performing work covered by any classification described in the Union's Collective Bargaining Agreement within any state of the United States or any province of Canada.

If you have attained age sixty-two (62), you engage in disqualifying employment if employed for forty (40) hours or more per month, whether or not under a collective bargaining agreement, performing work covered by any classification described in the Union's Collective Bargaining Agreement within the states of New Jersey or New York, or within any Standard Metropolitan Statistical Area, as defined from time to time by the United States Department of Labor, which is situated in whole or in part in New Jersey or New York.

You are required to notify the Plan in writing within 21 days after starting any work of any type that is or may be disqualifying and when you stop such employment. Written notice may be sent to Operating Engineers Local 825 Pension Fund, 65 Springfield Avenue, Second Floor, Springfield, NJ 07081.

Any benefits paid for a month in which benefits should have been suspended shall be recoverable through deductions from future pension payments in accordance with Article 6.5 of the Pension Plan.

As mentioned above, you must notify the Plan when disqualifying employment has ended. Benefit payments shall resume no later than the first day of the third month after the last calendar month in which you are employed in disqualifying employment. Your initial benefit payment upon resumption shall include the payment scheduled to occur in the calendar month when payments resume and any amounts withheld during the period

between the cessation of employment and resumption of payments. Any overpayments resulting from payments made for any months for which you engaged in disqualifying employment shall be deducted from pension payments otherwise paid or payable upon resumption of pension payments. The deduction shall not exceed 25 percent of your total monthly benefit payment, except for the initial payment upon resumption of pension payments.

The amount of your pension benefit when resumed following suspension shall be recalculated to include additional pension benefit accruals during your period of re-employment. Any payment options in effect prior to the suspension of benefits shall remain in effect.

The Pension Plan provides a procedure for appealing any determination made by it regarding the suspension of benefit payments. A description of the Plan's appeal process is outlined in Article 11.3 of the Plan. The applicable Department of Labor regulation addressing the suspension of pension benefits made be found in 2530.203.3 of the Code of Federal Regulations.

A retiree who engages in any covered employment will have his or her welfare benefits (including the death benefit) suspended, regardless of whether such employment is disqualifying. Such retiree will be permitted to purchase welfare benefits on a monthly basis until eligibility for welfare coverage has been established through sufficient employer contributions made on his or her behalf. Should such retiree not establish eligibility for welfare coverage either because of insufficient employer contributions received on his or her behalf or because of the retiree's failure to purchase benefits on a monthly basis, NO DEATH BENEFIT WILL BE PAID.

I have reviewed a copy of these rules regarding Employment After Retirement and fully understand the consequences of returning to work.

Signature

Date

IMPORTANT INFORMATION REGARDING RETIREE HEALTH COVERAGE
(Medicare and Benefit Coordination)

Members who retire under the Pension Plan with at least 10.00 years of Credited Service and who satisfy eligibility criteria detailed in the Welfare Plan may purchase continued health coverage as a retiree for a period of time which is based upon years of Credited Service at retirement. Please refer to Eligibility of Retired Members in the Summary Plan Description (benefit booklet) for the Welfare Plan. It is important that you notify any health care plans under which you are covered that you are retiring and evaluate the impact your retirement may have on your continued eligibility under such plans. Also, if you are married and you and/or your spouse are covered under another health care plan based on your spouse's active employment, you may wish to evaluate what impact your spouse's retirement may have on your and/or your spouse's continued eligibility under such plan.

When you retire, you will be given the option to continue or decline to continue your health coverage. If you elect to continue your health coverage as a retiree, coverage will be provided under the Welfare Plan for you and/or your eligible dependents who are not Medicare eligible. When you and/or your eligible dependents become Medicare eligible, hospital, medical and prescription drug coverage will be provided under an Aetna Medicare Advantage program; life insurance, accidental death and dismemberment, and dental benefits will continue to be provided under the Welfare Plan.

The Welfare Plan requires that retired members and spouses of retired members who do not have employment based health coverage sign up for Medicare when first eligible. You and your eligible dependents become eligible for Medicare upon turning age 65, after receiving Social Security disability benefits for 24 months or when suffering from end-stage renal disease (kidney failure).

If you are retired and receiving continued health coverage as a retiree under the Welfare Plan, whether based on exhaustion of your eligibility bank as an active member or self-payment of retiree premium, and fail to obtain Medicare coverage for yourself or your eligible dependents when eligible, claims will not be considered for coverage under the Welfare Plan.

Once you become Medicare-eligible, coverage under the Welfare Fund is provided under a Medicare Advantage plan through a contract between the Welfare Fund and Aetna Life Insurance Company. The Welfare Fund will automatically enroll you in this plan for hospital, medical, and prescription drug coverage. Aetna will send you a membership ID card, which is the only card to be used when receiving covered services (hospital, medical, pharmacy). In order to enroll you in the Aetna plan, you must have both Medicare Parts A and B. If you have Medicare because you have end-stage renal disease, you are eligible for enrollment in the Aetna plan starting with the 31st month of becoming Medicare eligible (for first 30 months the Welfare Plan is your primary coverage).

It is important that you contact Social Security several months prior to your Medicare eligibility so that your coverage under the Welfare Fund can be transitioned to the Aetna Medicare Advantage plan as of your Medicare-eligible date and you do not incur a gap in coverage. To sign up for Medicare Parts A and B, call Social Security at 1-800-772-1213/TTY: 1-800-325-0778, apply at socialsecurity.gov/retirement or visit your local Social Security office. Send the Pension Department a photocopy of your Medicare card as soon as you receive it. This photocopy can be mailed to: IUOE Local 825 Pension Fund, 65 Springfield Avenue, 2nd Floor, Springfield, NJ 07081 or faxed to: 973-774-1305.

Non-Medicare eligible dependents will remain covered under the Welfare Fund. When Medicare eligible, they will be enrolled in the Aetna Medicare Advantage Plan.

Below are answers to some questions you may have about continued health coverage as a retiree. After you have read through the questions and answers, sign and date the acknowledgement at the end and return to the Pension Department.

If I retire, will my dependents still be covered? Yes. As long as they remain eligible, your dependents will be covered after retirement.

Do I pay extra for my spouse or dependent children to be covered? No. As a retiree, you pay one premium for family coverage. Your spouse and dependent children are covered at no additional cost provided they remain eligible.

What happens if my spouse and I divorce post-retirement? Your spouse is covered for as long as he/she remains your legal spouse. Your former spouse may be eligible for COBRA continuation coverage provided notice of divorce is supplied within 60 days of your divorce date.

When should I sign up for Medicare?

You should contact Medicare about three months before turning age 65. Your initial enrollment period for Medicare Part A and/or Part B begins three months before the month you turn 65, includes the month you turn 65, and ends three months after the month you turn 65. If you enroll the month you turn 65 or during the last three months of your initial enrollment period, the start date for Medicare coverage will be delayed. If you do not sign up during your initial enrollment period and you are not eligible for a Special Enrollment Period, you can sign up during the first three months of the calendar year (General Enrollment Period); coverage will begin July 1 and you may have to pay a higher premium for late enrollment. You may also be able to sign up for Medicare during a Special Enrollment Period provided you are age 65 or older and have had health insurance under an employer's group health plan because you or your spouse *currently* work. You can sign up for Medicare during a Special Enrollment Period (1) anytime you or your spouse is working and you have coverage under a group health plan based on that employment and (2) during the 8-month period that begins the month after the WORK ends or coverage ends, whichever occurs first. **It is important that you familiarize yourself with Medicare's enrollment rules and its definition of current employment.**

How does other insurance work with the Aetna Medicare Advantage Plan? Medicare payer rules decide whether other insurance or Aetna pays first. These rules provide:

- If you have coverage as a retiree from your or your spouse's former employment, Medicare pays first.
- If you are 65 or older and have group health plan coverage based on your or your spouse's *current* employment, the group health plan pays first.
- If you are under 65 and disabled and have group health plan coverage based on your or a family member's *current* employment, the group health plan pays first.
- If you have end-stage renal disease and have group health plan coverage, the group health plan generally pays first for the first 30 months after you become eligible to enroll in Medicare. Thereafter, Medicare pays first.

Example: You're 65 or older, retired, and receiving continued health coverage as a retiree under the Aetna Medicare Advantage Plan. You are also eligible for group health plan coverage based on your spouse's current employment. Your spouse's group health plan pays first and Aetna Medicare Advantage pays second.

Since the existence of other coverage determines the order of benefit payment, you should tell your health care provider, hospital, and pharmacy as well as any plans under which you are covered about the existence of other coverage. Failure to do so may result in claims being denied for payment.

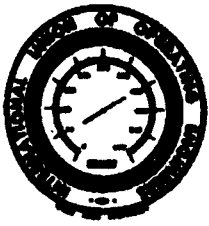
Once I become Medicare eligible, are any benefits still covered under the Welfare Fund? The Welfare Fund will continue to provide your life insurance, accidental death and dismemberment, and dental benefits.

Can I choose not to be enrolled in the Aetna Medicare Advantage Plan? If you wish to opt out of enrollment in the Aetna Medicare Advantage Plan, call the Fund Office to request an opt-out form. This form must be completed and returned to the Fund Office. The Aetna Medicare Advantage Plan replaces your coverage under the Welfare Plan. If you opt out of the Aetna plan, you won't be covered by the Welfare Plan and all your benefits will terminate, including the life insurance, accidental death and dismemberment, and dental benefits. You can still be covered by Original Medicare Parts A and B; you will have to find other supplemental coverage on your own (if desired); the cost of coverage deducted from your monthly pension check will cease.

I have read the above information regarding retiree health coverage and understand the requirement for timely enrolling for Medicare coverage and the impact the existence or absence of other coverage may have with regard to coverage under the IUOE Local 825 Welfare Plan.

Signature of Participant

Date



Operating Engineers Local 825 Fund Service Facilities

65 Springfield Avenue, Second Floor
Springfield, New Jersey 07081
(973) 671-6800

Pre-Cert and PPO
(800) 677-3237

EMPLOYER TRUSTEES

ROSS J. PEPE, CO-CHAIRMAN
JOHN F. DALY
RICHARD FORMAN
JACK KOCSIS, JR.

CHRISTINE MEDICH
ADMINISTRATOR



UNION TRUSTEES

GREGORY LALEVEE, CHAIRMAN
JAMES MCGOWAN
MATTY WHITE
JOHN WOOD

Dear Member:

Please complete the following information and return this form.

1. **Member's Name & SSN:** _____
2. **Member's Phone #:** (Home) _____ (Cell) _____
3. Is your spouse currently eligible for Social Security Disability Benefits? Yes No *If yes, please provide a copy of the Social Security Disability Award Certification.*
4. Is your spouse employed? Yes No. If "yes", please complete the following:
Spouse's S.S. No: _____ Employer: _____
Address: _____
5. Is your spouse also covered under any group health insurance or group prepayment plan?
 Yes No

If "yes", please complete the following: Is this single or family coverage? Single Family

YES NO

Medicare
Medical
Hospital
Prescriptions
Vision
Dental
Orthodontics
Psychiatric

<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"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Insurance Carrier: _____ Policy Number: _____

Effective Date: ____/____/____ Termination Date: ____/____/____

Phone No: _____

Insurance Carrier: _____ Policy Number: _____

Effective Date: ____/____/____ Address: _____

Phone No: _____

Please submit a copy of each insurance card, both front and back, for each insurance checked above.

If your spouse's insurance coverage has terminated, please forward a letter from her/his insurance carrier reflecting termination date.

Member's Signature

Date