

CEMENT MASONS SOUTHERN CALIFORNIA HEALTH AND WELFARE FUND
11 COUNTIES CEMENT MASONS VACATION SAVINGS PLAN
CEMENT MASONS SOUTHERN CALIFORNIA PENSION TRUST
CEMENT MASONS JOINT APPRENTICESHIP TRUST
CEMENT MASONS SOUTHERN CALIFORNIA
INDIVIDUAL RETIREMENT ACCOUNT DEFINED CONTRIBUTION TRUST

MAILING ADDRESS: P.O. BOX 968 / MONROVIA, CALIFORNIA 91017-0968
5417 PECK ROAD / ARCADIA, CALIFORNIA 91006
(626) 444-4600
FAX (626) 258-4090

Subject: **Cement Masons Southern California Pension Trust**

Re: **2009 YEARLY PENSION PAYMENT VERIFICATION**

IMPORTANT NOTICE

The Trustees of the Cement Masons Southern California Pension Trust want to be sure that each eligible retiree, spouse or beneficiary is receiving pension payments to which they are entitled.

To ensure this, please complete, sign and date the enclosed **Pension Payment Verification Form** in full, furnishing the information requested and returning this form to this office in the enclosed envelope.

If you are *under the age of 65 and receiving a Disability pension from the Cement Masons Pension Trust (you will have a gold Pension Payment Verification Form)*, it will be necessary for you to send a copy of your Social Security check, **OR** bank statement which indicates the deposit of your social security check, **OR** the enclosed *Physician's Statement* completed by your physician.

If a retiree is physically unable to sign his or her own signature, the signature of the retiree's conservator or attorney in fact will be accepted. However, a copy of the legal papers must be attached unless they have previously been submitted and accepted by the Board of Trustees. (Example: Mary J. Smith as POA for John M. Smith.) *In this case, the Pension Payment Verification form must be witnessed by a Notary Public.*

It is very important for you to return the requested information as soon as possible. If you do not return the requested form(s) to this office by DECEMBER 31, 2009, your pension benefit could be withheld until we receive the requested forms(s).

Your cooperation in this matter will be greatly appreciated. If you have any questions, please call the Administrative Office at (626) 444-4600, Monday-Friday, 8am-noon and 1pm-4pm.

Sincerely,

Board Of Trustees
Cement Masons Southern
California Pension Trust

ALL PARTICIPANTS RECEIVING PENSION CHECKS

VERY IMPORTANT:

If you do not fully complete and return this form, and it is discovered that you have worked in the same industry, in the same trade or craft in the same geographical area covered by the Pension Plan, your Pension Benefit Payment will be withheld for each such month, as required by the Funds "Rules of Suspension of Benefits." additionally, you may be subject to additional penalties of up to 12 months loss of benefits as per the Suspension of Benefits rules.

If you have any questions, please contact the Administrative Office.

ADDITIONAL VERIFICATION INFORMATION

Item A. I do not personally receive and endorse my Pension checks

because: _____

(Copy of Trustee or Power of Attorney papers must be attached.)

Item B. I am/have been employed, self-employed or worked during the past year, as follows:

(List your present or most recent employment first, and include all periods of self-employment on a month by month basis for the past year.)

Contractor/ Employer or Company Name	Address City, and State	Job Title Class Work Type	2008-09 Work Month	# of Hours Worked	Union Local No.

If you need additional space to continue the above, please attach another piece of paper with the information.

2009 Physician's Statement
PROOF OF TOTAL AND PERMANENT DISABILITY

For Disability Pension Applicants under 65 years of age only

Please return this form no later than **December 31, 2009** to:

Cement Masons Southern California Pension Trust
P.O. Box 968 – Monrovia, CA. 91017
Phone # (626) 444-4600 Fax # (626) 258-4090

Name of Retiree: _____ SS# _____

Address: _____

“This is to certify that I have evaluated and/or treated the above-named individual on _____ (specify date). The result of my evaluation is shown in the answers to the following questions.”

1. Is the applicant able to perform Cement Mason work at the present time? _____
2. If not, since what date has the applicant been unable to work? _____.
3. Has the applicant's disability been continuous? _____
4. Will the applicant recover sufficiently to resume work? _____
5. Please give a description and diagnosis of the applicant's illness or injury:

Date: _____ Signed: _____
(Physician's Signature)

Physician's Name: (Print or Type) _____

Physician's Phone #: () _____ - _____ Tax ID#: _____

Physician's Address: _____

City: _____ State: _____ Zip Code: _____