

**MICHIGAN BAC PENSION PLAN**  
**6525 Centurion Drive, Lansing, MI 48917-9275**  
**Toll Free (800) 531-2244 \* (517) 321-7502 \* FAX (517) 321-7508**

**REQUEST FOR DETERMINATION OF ESTIMATED PENSION BENEFIT**

Member's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Present Local Union Number: \_\_\_\_\_

Date initiated into present Local Union: \_\_\_\_\_

Have you ever worked in the jurisdiction of another Local Union?                      Yes                      No

If yes, please identify the Local Union(s) as follows: (If insufficient space, please continue on back)

Local Union No. \_\_\_\_\_ Craft \_\_\_\_\_ City \_\_\_\_\_ Year(s) \_\_\_\_\_

Local Union No. \_\_\_\_\_ Craft \_\_\_\_\_ City \_\_\_\_\_ Year(s) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Spouse's name and date of birth (if living): \_\_\_\_\_

Have you ever been divorced?                      Yes                      How many times? \_\_\_\_\_                      No

If Yes, request complete copies of papers from all divorces.

Are you "totally and permanently" disabled?                      Yes                      No

If Yes, what is your Date of Disability? \_\_\_\_\_

Having completed the above information, what type of information do you want the Fund Office to prepare and send to you and your Local Union?

\_\_\_\_\_  
\_\_\_\_\_

Was Request for Application mailed?                      Yes                      No

Date: \_\_\_\_\_ Prepared by: \_\_\_\_\_