Chicago Regional Council of Carpenters Pension Fund

Instructions for Completing an Appeal Form

Complete the Appeal Form in its entirety. Print clearly in blue or black ink and answer all questions. If the form is not legible, if a question is left unanswered or if the form is not signed, it will be returned to you for completion. An Appeal Form must be signed and dated to be valid.

Attach additional information or evidence to the Appeal Form. You may attach any additional relevant information to support your appeal.

Submit the completed Appeal Form and any additional information to substantiate your appeal to:

- Scan & Email: pension@crccbenefits.org
- Fax: Chicago Regional Council of Carpenters Pension Fund
  Attn: Appeals Committee
  Fax Number: 312-951-3986
  (Note: Write the Participant’s name and SSN or UID number on each page)
- Mail: Chicago Regional Council of Carpenters Pension Fund
  Attn: Appeals Committee
  12 East Erie Street 8th floor
  Chicago, IL 60611

What’s happens next? Within five (5) business days of the Plan’s receipt of your request for an appeal the Plan will mail a letter to you acknowledging receipt of your appeal and informing you of the date of the next appeals meeting. Properly filed appeals are reviewed at the next regularly scheduled Appeals Meeting. The Appeals Committee meets at least quarterly. You will be notified of the Trustees’ decision via first class mail, five (5) business days after making their determination.

Note:
- ✓ The appeal must be submitted in writing by the participant.
- ✓ Copies of evidence supporting the appeal can be included.
Pension Appeal Form

To: The Board of Trustees - Attn: Appeals Committee

Participant’s Name (the Carpenter) _______________________________ Participant’s SSN or Union ID# _______________________________

Participant’s Street Address, City, State & Zip Code _______________________________

Daytime Phone Number _______________________________ Email Address _______________________________

State the reason(s) for your appeal and why you believe the appeal should be approved by the Appeals Committee (if more room is needed attach a sheet of paper).

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

☐ Check if you are including new or additional evidence (attach to form).

_________________________________________   _______________________
Signature of Participant       Date

9/12/2011