

Painters and Allied Trades District Council 82 Defined Contribution Pension Plan

Return completed forms to the Fund Office:

Wilson-McShane Corporation

3001 Metro Drive- Suite 500, Bloomington, MN, 55425 952-854-0795 or 1-800-535-6373

Certification of Disability

Part I - Participant Information (To be completed by Participant – Please print)

Name _____
Last First Middle

SSN ____ - ____ - _____ Date of Birth ____ / ____ / _____

Last Day Worked (In Covered Employment) ____ / ____ / _____ Date of Exam _____

NOTE: If you were a member of the Drywall Plan and requesting a distribution of your Account M balance, you must also submit a copy of your Award letter from the Social Security Administration attesting to your disability. Please check this box and attach your SSA Award letter as well:

Yes, I was a member of the Drywall Plan and am requesting my Account M account under the disability rules and have attached my SSA Award letter.

Part II - Medical Doctor Attestation

The above-named individual has applied for disability benefits from the Painters and Allied Trades District Council 82 Defined Contribution Pension Plan ("the Plan"). The Plan requires a written certification of disability as a prerequisite to receiving disability benefits.

Disability is defined under the Plan as a total and permanent disability as evidenced by the participant's total and permanent inability to engage in the type of work for which an employer made contributions to the Plan. The types of work included are:

- Lifting 25 pounds or more on a consistent basis
- Bending
- Stooping
- Climbing scaffolding and/or ladders
- Working above his/her head

For purposes of the Plan, "total and permanent" means that the impairment must be expected either to continue for a long and indefinite period of time or result in death. "Indefinite" is defined as an impairment that cannot reasonably be anticipated to diminish in the foreseeable future (within the next twelve months), to the point that it will no longer prevent performance of the above types of work.

In your opinion, does the participant have a total and permanent disability as defined by the Plan?

Yes No

If you answered "Yes" to the question above, please answer the following:

In your opinion, is the participant unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or to be of a long or continued and indefinite nature?

"Substantial gainful activity" is the type of work listed above or comparable activity in which the participant customarily engaged in prior to disability or retirement if the participant was retired at the time the disability arose. Whether or not impairment constitutes a disability in a particular case is to be determined with references to all the facts in the case. Primary consideration should also be given to factors such as the individual's education, training, and work experience. The following are examples of impairment that would normally be considered as preventing substantial gainful activity:

