

# 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:

- Loss of use of two limbs.
- Certain progressive diseases that have resulted in the physical loss or atrophy of a limb, such as diabetes, multiple sclerosis, or Buerger's disease.
- Diseases of the heart, lungs or blood vessels which have resulted in major loss of heart or lung reserve as evidenced by x-ray, electrocardiogram, or other objective findings, so that despite medical treatment, breathlessness pain or fatigue is produced on slight exertion, such as walking several blocks, using public transportation or doing small chores.
- Cancer, which is inoperable and progressive.
- Damage to the brain or brain abnormality that has resulted in severe loss of judgement, intellect, orientation or memory.
- Mental diseases (e.g. psychosis or severe psychoneurosis) requiring continued institutionalization or constant supervision of the individual.
- Loss or diminution of vision to the extent that the affected individual has a central visual acuity of no better than 20/200 in the better eye after best correction, or has a limitation in the fields of vision such that the widest diameter of the visual fields subtends an angle no greater than 20 degrees.
- Permanent and total loss of speech.
- Total deafness, which is not able to be corrected by a hearing aid.

Please note: A disability that is remediable does not constitute a disability.

**In your opinion, does the participant satisfy this definition of a disability?**

☐ Yes

☐ No

### Part III – Medical Doctor Signature

I certify that this Certification of Disability has been read and is true to the best of my medical knowledge, after reasonable examination.

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor's Name, PRINTED

\_\_\_\_\_  
Doctor's Address:

\_\_\_\_\_  
Doctor's Phone Number:

#### PLEASE NOTE:

- The above terms are SPECIFIC and MUST be responded to with a definite "Yes" or "No".
- No modification or clarification is acceptable.