



Zenith American
SOLUTIONS®

A HARBOUR BENEFIT HOLDINGS COMPANY

Golden Gate Transit-Amalgamated Retirement Plan

Introduction



Lauren Tham

Client Services
Manager

Robert Bunnell

Pension
Manager

Plan History



San Rafael, Ca





How are my pension benefits determined?

Benefits are based on:

- Age at retirement
- Years of Credited Service at retirement
- Average Final Earnings



Mr. Bus Driver
1234 Road Way
San Francisco, CA
94132

Social Security No:
Date of
Birth:11/19/1961

Dear Participant:

This statement shows the estimated Pension Credit you have accrued in the Golden Gate Transit Amalgamated Pension Trust Fund. This estimate is subject to correction, and any benefits payable to you will be based on the actual benefit credits you have earned under the terms of the Pension Plan. Please review this information and notify the Pension Fund Office if you have any questions or corrections.

PLAN YEAR	DISTRICT EARNINGS	UNION EARNINGS	TOTAL EARNINGS
2006	29,715.19	0.00	29,715.19
2007	61,654.12	0.00	61,654.12
2008	70,065.56	0.00	70,065.56
2009	77,682.29	0.00	77,682.29
2010	73,402.14	0.00	73,402.14
2011	79,395.09	0.00	79,395.09
2012	83,081.71	0.00	83,081.71
2013	77,680.86	0.00	77,680.86
2014	93,875.02	0.00	93,875.02
2015	91,696.39	0.00	91,696.39
2016	93,171.09	0.00	93,171.09
2017	96,293.58	0.00	96,293.58
2018	101,951.46	0.00	101,951.46
2019	82,692.59	0.00	82,692.59
2020	100,806.46	0.00	100,806.46
2021	32,973.23	0.00	32,973.23
Total:	1,246,136.78	0.00	1,246,136.78



Mr. Bus Driver

Spouse: Mrs. Bus Driver

Social Security No:
Date of
Birth:11/19/1961

Spouse Birth Date: 12/08/1969
Spouse Soc.Sec.Nbr:

PENSION BENEFIT OPTIONS AS OF 12/01/2021 - EARLY RETIREMENT

Your Benefits are 100% Vested!

Age at Retirement: 60

Seniority Date: 7/12/2006 Years of Service: 15.00

Highest W-2 Year Earnings: \$101,951.46 Year: 2018

Last 12 Months Earnings: \$125,000.00 Months: 12

Average Final Earnings: \$10,416.67 (\$125,000.00 / 12)

Guaranteed Percent: 38.25%

Monthly Benefit Amount: \$3,984.38

Early Benefit at age 60 \$3,984.38

Member's Spouse's age 51-11

<u>PENSION TYPE - EARLY</u>	<u>FACTOR</u>	<u>MEMBERS BENEFIT</u>	<u>SURVIVOR AMOUNT</u>
SINGLE LIFE ANNUITY		\$3,984.38	
5 YEAR CERTAIN OPTION	.9870	\$3,932.58	
10 YEAR CERTAIN OPTION	.9550	\$3,805.08	
15 YEAR CERTAIN OPTION	.9120	\$3,633.75	
20 YEAR CERTAIN OPTION	.8670	\$3,454.46	
JOINT & SURVIVOR 50%	.91684	\$3,653.03	\$1,826.52
JOINT & SURVIVOR 100%	.84645	\$3,372.57	\$3,372.57



Mr. Bus Driver

Social Security No:
Date of Birth: 11/19/1961

PENSION ESTIMATE WORKSHEET

Seniority Date: 7/12/2006
Highest Year Earnings: \$101,951.46
Average Final Earnings: \$10,416.67
Estimated Pension on 10/01/2021: \$3,125.00

<u>DATE OF RETIREMENT</u>	<u>AGE</u>	<u>YEARS OF SERVICE</u>	<u>GUARANTEED PERCENT</u>	<u>MONTHLY PENSION</u>
12/01/2021	60	15	38.25%	\$3,984.38
08/01/2022	60	16	40.80%	\$4,250.00
08/01/2023	61	17	43.35%	\$4,515.63
08/01/2024	62	18	45.90%	\$4,781.25
08/01/2025	63	19	48.45%	\$5,046.88
08/01/2026	64	20	51.00%	\$5,312.50
08/01/2027	65	21	53.00%	\$5,520.84
08/01/2028	66	22	55.00%	\$5,729.17
08/01/2029	67	23	57.00%	\$5,937.50
08/01/2030	68	24	59.00%	\$6,145.84
08/01/2031	69	25	61.00%	\$6,354.17
08/01/2033	71	27	62.00%	\$6,458.34
08/01/2035	73	29	64.00%	\$6,666.67
08/01/2037	75	31	66.00%	\$6,875.00
08/01/2039	77	33	68.00%	\$7,083.34
08/01/2041	79	35	70.00%	\$7,291.67



When will I become vested?

- Classic Members under the age of 65 need 15 years of Credited Service. Pension will begin on the first day of the month following your 65th birthday.
- PEPRA Members are fully vested and become eligible to receive retirement benefits beginning at age 52 with 5 continuous years of service



When can I retire?

Classic Members

Classic Members can retire when one of the following occurs:

- Age 50 with 25 yrs. Credited Service
- Age 55 with 15 yrs. Credited Service
- Minimum of 20 years of service and the combination of age and yrs. of service is at least 80
- Age 65 with 1 or more years of service

PEPRA Members

PEPRA Members can retire **beginning on the later to occur of:**

- Minimum age of 52
- Minimum Credited Service of 5 years

Disability Retirement Pension

- Must be actively employed on the 10th anniversary of your seniority date
- Must be under age 65
- Must submit acceptable medical evidence of disability to the board
- Must submit tax returns to the board each year
- Must elect a lifetime annuity payment



What if my employment is terminated before I am eligible for retirement?

Termination Benefit

- Member is paid the greater of

* 4% wages plus 5% interest

OR

* Refund of contributions to the Plan plus 6% interest



What does my spouse or domestic partner get if I die before I retire?

- If you die prior to becoming eligible for retirement, and have less than 15 years of Continuous Service, your spouse, domestic partner or designated beneficiary is eligible to receive death benefits equal to the termination benefit which would have been paid to you had you resigned on the date of your death.
- If you die prior to becoming eligible for retirement, and have more than 15 years of Continuous Service, your spouse or domestic partner is eligible to receive 25% of the average final earnings during the 12-month period prior to your death, so long as he/she does not remarry or become the domestic partner of another person.
- If you die and you are eligible for retirement but are still an active employee, your spouse or domestic partner is eligible to receive 50% of the retirement benefit you were eligible for had you retired one day before your death.



What other Types of Benefit Options are available when I retire?

- Lump Sum (Termination Benefit)
- Single Life Annuity
- 50% J&S Annuity
- 100% J&S Annuity
- Certain & Continuous Annuity Option
- Designated Non-spouse Contingent Annuitant



How do I know for sure if I am eligible to retire and what do I need to do?

Call or email the Pension Trust Fund Office. We will verify your service credit and provide eligibility dates.

1. Contact Pension Trust Fund office to verify eligibility
2. Get an estimate of your benefits
3. If you are not sure which optional pension form is best for you, consult with a financial planner.
4. If you are not sure how much you want withheld from your pension for taxes, consult with your tax preparer.
5. Complete and return the application packet and other required documents listed on the cover page of your application.
6. Notify District Management of your retirement date and schedule exit interview with GGT's Human Resources Department by emailing benefits@goldengate.org or calling the HR Benefits Line at (415) 257-4526.
7. If you are 65 or older, contact Social Security to enroll in Medicare Part A and B either by emailing www.ssa.gov or by phone at 1-800-772-1213.



GOLDEN GATE TRANSIT-AMALGAMATED
RETIREMENT PLAN
1141 Harbor Bay Pkwy, Suite 100
Alameda, CA 94502
Telephone No. (866) 584-7087
Fax: (510) 629-4442
Email: ZA-ALA-GGTARPPension@zenith-american.com

PENSION AND SPECIAL PAYMENT PLAN APPLICATION INSTRUCTIONS

Dear Member,

Please find enclosed the following documents:

- 1) Retirement Application (5 pages)
- 2) Marital Status Affidavit Notary Form
- 3) Applicant Affidavit Notary Form
- 4) Certain and Continuous Option Form
- 5) Tax Withholdings Election Form
- 6) Direct Deposit Authorization Form
- 7) Pension Deduction Form for Dues, Cope and Insurance
- 8) Special Payment Plan Designation Form
- 9) Special Tax Notice Regarding Plan Payments
- 10) Rollover Form (for lump sum payments only)

Please complete all forms and return at your earliest convenience. Please also provide the following:

- 1) Photocopies of two forms of ID for both you and your spouse/domestic partner. Acceptable forms of ID are listed on page 6.
- 2) A copy of your marriage certificate or certificate of domestic partnership if applicable.
- 3) A void check from the account you wish your pension benefit to be sent via EFT.

IN ORDER TO PROTECT YOUR PERSONAL INFORMATION, PLEASE DO NOT RETURN THE DOCUMENTS BY EMAIL. We recommend you send via US certified mail to the following address:

**Golden Gate Transit – Amalgamated Retirement Plan Attn:
Pension Dept.
1141 Harbor Bay Pkwy, Suite 100
Alameda, CA 94502**

Please note that only original copies can be accepted of the forms requiring notarization. Remember to make copies of all forms for your records before mailing.

Thank you very much, and congratulations on your upcoming retirement! Sincerely,

Fund Administrator



EMPLOYEE APPLICATION FOR RETIREMENT BENEFITS
 GOLDEN GATE TRANSIT-AMALGAMATED RETIREMENT PLAN
 1141 Harbor Bay Pkwy, Suite 100
 Alameda, CA 94502

		SENIORITY	
NAME OF EMPLOYEE	DATE OF BIRTH	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	SOC. SEC. NO.
EMPLOYEE'S ADDRESS	STREET AND NUMBER	CITY	STATE ZIP CODE

NORMAL FORM OF RETIREMENT PENSION (EARLY OR AT AGE 65) (SECTION 4 or 5 OF THE PLAN)
 I hereby elect the Normal Form of Retirement Pension in accordance with the terms of the Retirement Plan commencing

(MONTH) (DAY) (YEAR)

CONTINGENT ANNUITANT OPTION (SECTION 12.2 OF THE PLAN)
 I hereby elect the Contingent Annuitant Option in accordance with the terms of the Retirement Plan commencing

(MONTH) (DAY) (YEAR)

with _____% of the Pension payable to be continued to my Contingent Annuitant upon my death.

I designate as my Contingent Annuitant _____

	(NAME)	(RELATIONSHIP)
CONTINGENT ANNUITANT'S BIRTHDAY	SEX <input type="checkbox"/> Ma <input type="checkbox"/> Female	SOC. SEC. NO.
/ /		
CONTINGENT ANNUITANT'S ADDRESS	STREET AND NUMBER	CITY STATE ZIP CODE

SIGNATURE OF CONTINGENT ANNUITANT	WITNESS TO SIGNATURE OF CONTINGENT ANNUITANT	DATE
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DISABILITY PENSION (SECTION 7 OF THE PLAN)
 I hereby make application to the Golden Gate Transit-Amalgamated Retirement Board for Disability Payments in accordance with the terms of the Retirement Plan commencing on _____

(MONTH) (DAY) (YEAR)

TERMINATION BENEFIT (ELECT ITEM 1 OR ITEM 2)

1. **LUMP SUM (SECTION 13.1.2 OF THE PLAN)**
 I hereby elect to receive Cash Termination Benefits including my contributions with interest in accordance with the Retirement Plan by which I am covered.

2. **PAID-UP ANNUITY (SECTION 13.1.3 OF THE PLAN)** (Applicable only to an employee who terminates after completing 15 years of service)
 I hereby elect a paid-up annuity to commence on my normal retirement date.

DATE OF TERMINATION OF EMPLOYMENT	AMOUNT OF CASH REFUND (IF ITEM 1 ELECTED) \$ _____
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TO BE COMPLETED BY EMPLOYEE

I hereby make application to the Golden Gate Transit-Amalgamated Retirement Board for the Benefit elected above and certify that the information on this form and the birthdate(s) submitted are true and correct to the best of my knowledge.

DATE	SIGNED
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GOLDEN GATE TRANSIT-AMALGAMATED RETIREMENT
PLAN

1141 Harbor Bay Pkwy, Suite 100
Alameda, CA 94502
Telephone No. (866) 584-7087
Fax: (510) 629-4442

Email: ZA-ALA-GGTARPPension@zenith-american.com



PERSONAL DATA:

Name: _____

Social Security Number: _____ Date of Birth: _____

Address: _____
No. and Street City State Zip Code

Telephone Number: _____ Local Union Number: _____

Employer: _____ Last Day of Work: _____

Retirement Date Requested: _____ (Must be the 1st of the month. The Plan limits retroactive annuity starting date to no more than 12 months prior to the date that your completed pension application is received. The only exception to this rule is for Disability applications for participants with a Social Security Disability Award).

Type of Retirement : Normal Early
 Pro Rata Termination or
 Disability Resignation

Marital Status: Married Never Married Widowed Divorced Divorced & Remarried

If you are married, please complete this section:

Spouse Name: _____

Social Security Number: _____ Date of Birth: _____

Date of Marriage: _____

If you have had any prior marriage, please provide name of former spouse (s) and dates of marriage (s):

Former Spouse Name: _____

Date of Marriage: _____ Date of Separation: _____

Former Spouse Name: _____

Date of Marriage: _____ Date of Separation: _____

If you have been divorced, you must provide a complete, court-filed copy of the Final Judgment of Dissolution of Marriage with all attachments and if applicable, any separate order or judgment which contains a property settlement agreement. For divorces entered before July 1, 1984, you must provide a complete copy of both the Interlocutory Judgment of Dissolution of Marriage with all attachments and the Final Judgment of Dissolution of Marriage.

If you do not have your divorce judgment, you may obtain copies, for a fee; from the Superior Court in the county where your divorce was filed wither by person or by mail. Contact the Superior Court for more information.



EMPLOYMENT HISTORY AFTER ATTAINING NORMAL RETIREMENT

If you have engaged in any employment with Golden Gate Transit in a capacity in excess of 39 hours per month (Union or non-union) since attaining normal retirement age, please provide the information requested below. This information is needed to determine if you may be eligible for an actuarial adjustment of your pension benefits. If additional space is required, please submit attachment.

NAME OF EMPLOYER&/OR RELATED (PRO-RATA)PLAN NAME	EMPLOYER'S LOCATION (CITY/STATE)	JOB TITLE & CLASSIFICATION	LOCAL UNION #	FROM MONTH/YEAR	TO MONTH/YEAR	NUMBER OF HOURSWORKED MONTHLY

MILITARY SERVICE:

Military Service that interrupted your employment as a Golden Gate Transit employee may count for Credited Service or **help** in avoiding a Break in Service (Special rules apply). Military Service buy-in for service prior to employment with Golden Gate Transit may also be available. Provide the following data if you served in the United States Armed Services and attach photocopies of your discharge documents.

Did you service in the Armed Forces of the United States?

YES NO If yes, **attach a copy of your DD-214** and enter

dates of service below:

From: _____ To: _____ Branch: _____

APPLICANT'S CERTIFICATION:

I hereby apply for pension / pension estimate from the Pension Trust Fund for Golden Gate Transit. **I understand that my pension application is only valid for one year from the date the application is received in the Trust Fund office.** I certify under penalty of perjury that all of the above statements are complete, true and correct, and that this application was signed by me. I understand that a false statement may disqualify me for pension benefits and that the Board of Trustees shall have a right to recover any payments made to me because of a false statement.

Participant's Signature: _____ Date: _____

If you have any questions, please contact the Pension Administrative Office at Toll Free (866) 584-7087.



GOLDEN GATE TRANSIT-AMALGAMATED
RETIREMENT PLAN
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Email: ZA-ALA-GGTARPPension@zenith-american.com

Proof of Age and Marital Status

Please submit the following documents with your application for benefits:

Proof of Age

You are required to provide the Trust Fund Office with proof of your age, and if you are married, proof of age for your Spouse. There are a number of different documents that may be accepted for this purpose.

Birth Certificate
A valid Passport
A valid driver's license
A valid state identification card
Military records
Certificate of Naturalization

If you are unable to locate any of the above documents, please contact the Trust Fund Office to discuss alternate documents.

Proof of Marital Status

If you are legally married, you must provide a Marriage Certificate.

If you were legally married at any time you were earning Credited Service under the Plan or a Related Pension Plan where you are using Credited Service to qualify for a Pension, and you subsequently divorce, you must provide the Trust Fund Office with copies of the divorce documents filed with the court—both the Judgment of Final Dissolution of Marriage and the Interlocutory Judgment or Marital Settlement Agreement must be included.

Note: Copies are acceptable for all documents except for the Certificate of Naturalization where the original is required. If you supply the original documents, they will be copied at the Trust Fund Office and the originals will be returned to you.

GOLDEN GATE TRANSIT-AMALGAMATED
RETIREMENT PLAN

1141 Harbor Bay Pkwy, Suite 100
Alameda, CA 94502



Affiant's Signature: _____ Date signed: _____

mm/dd/yyyy

TO BE COMPLETED BY NOTARY PUBLIC

A Notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____

On _____ before me, _____
personally

NAME, TITLE OFFICER - E.G. "JANE DOE, Notary Public"

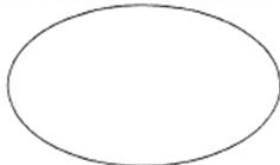
appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument, the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

SIGNATURE OF NOTARY

Place or Attach Notary's Seal here:





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CERTAIN AND CONTINUOUS PENSION OPTION

12.4. Certain and Continuous Option. In lieu of the Benefit payable for Normal or Early Retirement, a Participant may elect a five-, ten-, fifteen- or twenty-year “**Certain and Continuous Option**”, pursuant to which Monthly payments, in a reduced amount as set forth in Table E, Certain and Continuous Annuity Option Percentage of Lifetime Retirement Benefits Otherwise Payable, shall be made for so as long as the retired Participant lives. In the event that the retired Participant making such election should die before the Monthly reduced Retirement Benefits have been paid to him or her for the number of years for which the Certain and Continuous Option was made, then such Monthly payments will be made to the Beneficiary designated by the electing Participant until expiration of the five-, ten-, fifteen-, or twenty-year period elected. If the Retired Participant lives beyond the number of years designated, the Benefit payments will be continued only until the retired Participant dies.

See Page 2 of your Pension Estimate Form for 5, 10, 15, and 20 Year Certain Option Pricing

PLEASE CIRCLE ONE OF THE BOXES BELOW

- I elect the certain and continuous pension option over a period of __ Years.
- I do not elect the Certain and Continuous pension option.

Participant Signature: _____ Dated: _____

Spouse/Domestic Partner Signature: _____ Dated: _____

GOLDEN GATE TRANSIT-AMALGAMATED RETIREMENT PLAN

1141 Harbor Bay Pkwy, Suite 100
Alameda, CA 94502

Ph: (866) 584-7087 * Fax: (510) 629-4442

Email: ZA-ALA-GGTARPPENSION@Zenith-American.com



STATE WITHHOLDING ELECTION FORM

Instructions: Before completing this form, please read the Federal Tax Withholding form, W-4P.

Step 1	Type or Print Your Full Name		Your Social Security Number _ _ - _ - _	
	Home Address (number and street or rural route)		Phone Number () -	
	City	State	Zip Code	
Step 2	I am a resident of _____. Your state			
	Please check only one box: <input type="checkbox"/> I do NOT want state income tax withheld from my monthly pension. <input type="checkbox"/> I do want state income tax withheld from my monthly pension.			
	If you do want state income tax withheld from your monthly pension, please complete the section below to specify which type of withholding you are requesting.			
	If you have checked the box to withhold taxes above, you can have tax withheld in two ways: <ul style="list-style-type: none"> The dollar amount you specify (whole dollars only), or an amount equal to 10% of the amount of federal taxes being withheld. 			
	Please complete either A or B			
	• (Select only one .)			
Step 3	Please complete either A, B or C (Select only one.) Signature Required	A	<input type="checkbox"/> Single <input type="checkbox"/> Married	Number of Exemptions claimed: _____
		B	Dollar amount to be withheld from each monthly payment (flat amount):	\$ _____
		C	Please withhold in an amount equal to 10% of the amount of Federal withholding (please see form W-4P)	Check here to select option C _____
Sign Here:		Date:		

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DIRECT DEPOSIT AUTHORIZATION FORM

PLAN NAME: Golden Gate Transit-Amalgamated Retirement Plan

The undersigned participant ("Participant") hereby authorizes and directs the Fund Administrator to transfer funds for benefit payments to which Participant may be entitled under the terms of the above-referenced employee benefit plan ("Plan") as they become due and payable to the account maintained by Participant ("Account") at the financial institution identified below ("Financial Institution").

NOTE: DIRECT DEPOSITS ARE AVAILABLE TO BANK ACCOUNTS WITHIN THE UNITED STATES ONLY.

FOREIGN BANK ACCOUNTS WILL HAVE A PHYSICAL CHECK SENT TO THE FINANCIAL INSTITUTION.

PARTICIPANT	FINANCIAL INSTITUTION
Name: _____	Name: _____
Mailing Address: _____ _____ _____	Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> ABA/Routing #: _____ Account# _____

This authorization is to remain in full force and effect until the Pension Administrator has received written notice from the Participant of its termination. Direct deposit shall be effective for all payments made by Zenith-American Solutions on behalf of Participant as soon as administratively possible upon receipt of this authorization.

Participant (Signature)

Account Co-Tenant (Required if joint account)

Date

Date



**GOLDEN GATE TRANSIT-
AMALGAMATED RETIREMENT PLAN**

1141 Harbor Bay Pkwy, Suite 100
Alameda, CA 94502
Ph: (866) 584-7087 * Fax (510) 629-4442

Attn: Fund Administrator, Golden Gate Transit-Amalgamated Retirement Plan

I hereby authorize the Golden Gate Transit-Amalgamated Retirement Plan Fund Administrator to make monthly deductions from my pension checks for the following:

- (1.) **Retired Union Per Capita Tax** in the amount of \$_____per month to be forwarded to the Amalgamated Transit Union Local #1575.
- (2.) **Insurance Premiums** in the amount of \$_____per month to be forwarded to the Amalgamated Transit Union Local #1575.
- (3.) **ATU-COPE** contributions in the amount of \$_____per month to be forwarded to the Amalgamated Transit Union Committee on Political Education.

I understand that these deductions are voluntary, and that I can change them at any time by written notice to the Fund Administrator.

(Signature)

(Date)

(Please Print Name)

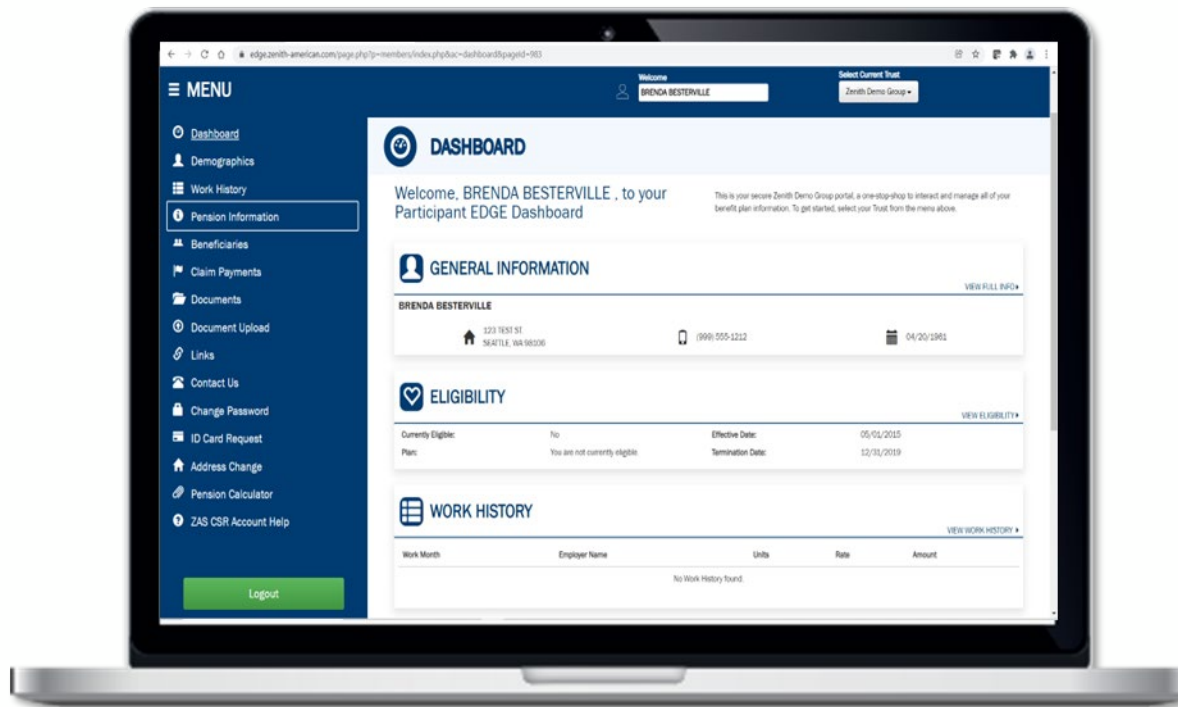
(Social Security Number)



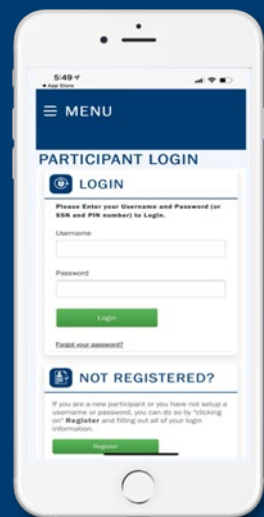
Zenith American
SOLUTIONS®
A HARBOUR BENEFIT HOLDINGS COMPANY

Q & A

Participant Edge Demonstration



- View Member and Dependent Demographics
- View Beneficiary Information
- View Claims Payment History and EOBs
- View/Fill Out Online Forms
- Quick Links to Vendors and Union
- Available via Mobile App



Participant EDGE



If you are new or you have not set up an account:

Visit the **Edge Hub website to get started**

From your computer, use one of the following browsers:
FireFox, Chrome, or Safari

Access the Edge Hub website:



Note: Dependents may not register for online access.

From the Menu:

Select "Register"

USERNAME
PASSWORD
[Forgot Password](#)

PARTICIPANT EDGE LOGIN

First Time User?

All first time users must **"Register"** in order to create a username, password and setup your security questions and answer.

Welcome back!

Please enter your Username and Password (or SSN and PIN Number)

Complete the Form:

Enter your information
Select "Submit Form"

* Security Question
 What was the make of your first car?
 * Security Answer
 * Password Hint

Information above will be submitted via a secure connection to protect your confidentiality.

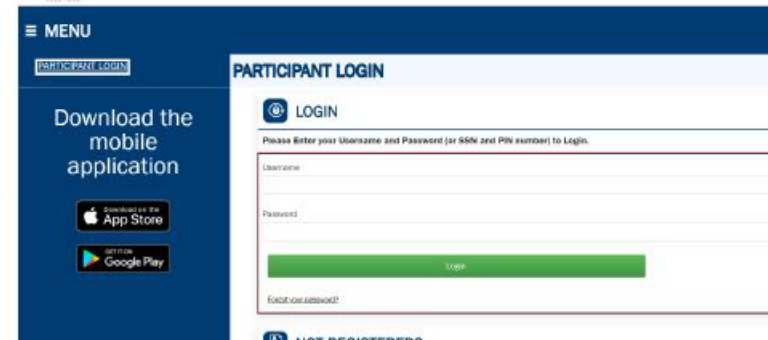


Logon to Participant Edge:

Select "PARTICIPANT LOGON"

Enter your credentials

Select "Login"














Support Help Page

If you need assistance, select:



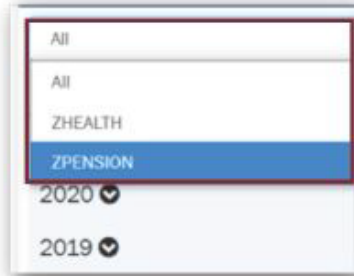
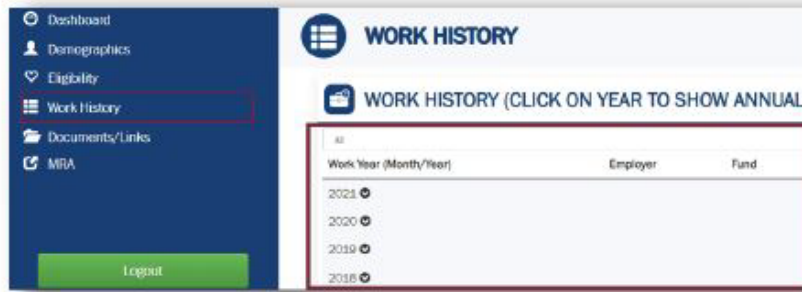


-  Dashboard
-  Demographics
-  Links
-  Address Changes Request
-  Documents
-  Contact Us
-  Work History
-  Document Upload
-  Password Change
-  Pension Calculator
-  ZAS CSR Account Help

Work History

The Work History menu option allows you to see your work history for any of your funds.

To see your work history, select work history from the navigation menu or the dashboard. Your work history appears sorted by work year.



You can see your Work History, you can click on the year to see the annual details. Select Benefit Type box under Work History Funds. When you first view the records for a year, you will see columns for the Employer, Units worked, and Rate. Units can be hours, dollars, or wages as this all depends on how the Fund Defines it.

If you see any discrepancies in your work history data, please contact your Zenith benefits administration office.

Pension Work History

You can also expand the view for Pension Work History, follow the same steps and select year.

Work Year (Month/Year)	Employer	Fund	Units	Rate	Amount	Total
2021						735.25
02/2021	SAFEWAY STORES INC	ZHEALTH	173.00	3.85	666.05	
01/2021	SAFEWAY STORES INC	ZPENSION	173.00	0.40	69.20	
Totals			346.00		735.25	
2020						1,401.30
2019						6,929.48

Pension Information

The information shown is based on the data available as of today's date and is updated daily.

All information is subject to the rules of the Plan.

PENSION BENEFIT DETAILS AS OF 15 NOV 2021							
YEAR	VESTING HOURS	BENEFIT HOURS	BENEFIT CREDITS	BENEFIT RATE	ACCRUED BENEFIT	VESTING CREDITS	VESTING STATUS
2006	0.00	0.00	0.0000	0.00	0.00	0.0000	
2007	0.00	0.00	0.0000	0.00	0.00	0.0000	
2008	0.00	0.00	0.0000	0.00	0.00	0.0000	
2009	0.00	0.00	0.0000	0.00	0.00	0.0000	
2010	0.00	0.00	0.0000	0.00	0.00	0.0000	
2011	0.00	0.00	0.0000	0.00	0.00	0.0000	



Pension Calculator

The pension calculator allows for estimating pension benefit. Simply choose the fund, enter the starting date for your retirement and select Calculate Pension.

Note: The calculator is for estimating purposes only. Use of the calculator does not activate pension application process.

Pension Calculator Disclaimer

Before continuing to the Pension Estimator you must read and accept the following disclaimer regarding the accuracy of the Pension Estimator.

Efforts have been made to ensure that the information and data provided on this site is accurate and complete. However, it is possible that there may be errors, omissions or data transmittal problems, at this site. Neither the Trust Fund(s), nor the Plan Administrator and Plan Sponsors of the Trust Fund(s) take any responsibility for these and expressly disclaim responsibility for these.



PENSION CALCULATOR



PENSION CALCULATOR

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By agreeing to this, you are hereby expressly waiving any recourse you may have with respect to incorrect data and/or information at this site.

This website contains a summary of the rights and benefits that pertain to you under the Plan(s). In the event of any difference between this website and the actual provisions of the Plan(s), the Plan(s) will govern. The Plan(s) are available from the Fund Office. In addition, the information available on this website may not be as up to date as the information available from the Fringe Benefits Office or the Trust Fund Office. Also, the information on this website reflects a summary of the current rules and may not, in all situations, apply to you.

This website is not intended to provide you with financial counseling or tax advice. You should consult your own advisers for guidance on when to retire and when making other important financial decisions.

If you have any questions or concerns about any of the data and/or information at this site or wish to obtain a copy of the Plan document(s), please contact the Fringe Benefits Office or Trust Fund Office.

[Accept](#)



LINKS

- Golden Gate Bridge District
- ATU Local 1575



ADDRESS CHANGES REQUEST



* Street Address

Apt Number

City

* State

* Zip Code

* Home Phone

Work Phone

* Email



DOCUMENTS



DOCUMENTS

- Address Change Form
- Designation of Beneficiary
- Direct Deposit Form
- Dues and Insurance Deduction Form
- HIPAA Release
- Retirement Application
- SPP Designation Form



MEETING NOTICE

- NOTICE OF A MEETING OF THE GOLDEN GATE TRANSIT
- NOTICE OF A MEETING OF THE GOLDEN GATE TRANSIT



DOCUMENT UPLOAD

UPLOAD DOCUMENT(S)

YOU CAN ATTACH UP TO 10 DOCUMENTS OR FORMS AT A TIME. IF YOU NEED TO UPLOAD MORE DOCUMENTS, CLICK THE "ADD DOCUMENT" BUTTON.

Upload Document(s)

Add Document

1 No file chosen

- Select -
- Select -
- Birth Certificate
- Death Certificate
- Divorce Decree
- Marriage Certificate
- Pension Application
- QDRO
- Other

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