

# Sheet Metal Workers' Pension Plan

OF SOUTHERN CALIFORNIA, ARIZONA & NEVADA

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## IMPORTANT NOTICE TO RETIREES WHO WERE UNDER AGE 65 IN 2022

To: Pensioners Who Were Under Age 65 in 2022

From: Kim Y. Henderson, Pension Department Manager, Sheet Metal Benefit Plans Administrative Corporation

Date: March 1, 2023

Subject: Requirement to Provide 2022 Federal Tax Return and W-2s to this Office by May 15, 2023; Notice of Possible Suspension of Your Pension Benefits Effective July 1, 2023

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As a retired participant receiving monthly pension benefits from the Sheet Metal Workers' Pension Plan of Southern California, Arizona and Nevada, under Plan rules you may not receive pension benefits for months in which you are engaged in "suspendable employment." Additional penalties may apply.

To help ensure compliance with Plan rules, pensioners who were under the age of 65 during 2022 must provide copies of their 2022 federal tax return and any W-2 forms received by the pensioner or his or her spouse, to the Administrative Office.

**If your date of birth is on or after February 1, 1957, this rule applies to you.**

The Administrative Office will review the materials you submit to confirm that you were not engaged in suspendable employment during 2022. In some cases, information may be brought to the Board of Trustees for review. All information is held in strict confidence by the Plan and Trustees, and is used only to verify information concerning possible suspendable employment.

**Per Plan rules, you must submit your 2022 federal tax return and all W-2s to the Administrative Office no later than Monday, May 15, 2023. If you do not do so, your monthly pension benefits may be suspended effective July 1, 2023, without further warning.**

It is your responsibility to ensure that your tax filing copy will be delivered to this office by May 15, 2023. You may wish to use overnight or express mail services, with tracking. You may also email or fax a legible complete copy of your return to our office.

Our fax number is (310) 798-5092. Our email address is [taxinfo@smbpac.org](mailto:taxinfo@smbpac.org)

**Please note the following additional information:**

- Under Plan rules, the Board of Trustees has discretion to grant six month extensions of the due date and suspension date for pensioners who obtain an IRS tax filing extension for a particular tax year, upon a showing of good cause.
- Under Plan rules, the Board of Trustees has discretion to grant one-time waivers of the tax return submission requirement, upon a showing of good cause.
- Only retired participants must submit their tax returns and W-2s. Surviving spouses, beneficiaries, and alternate payees under a qualified domestic relations order (QDRO) have no separate and independent obligation to submit federal income tax returns and W-2s as a condition of their receiving pension benefits from the Plan.
- The Board of Trustees has discretion to accept detailed Social Security earnings information from pensioners, in place of federal income tax returns and W-2s, upon a showing of good cause.

You may request a one-time waiver of the requirement to submit your tax return information, or you may request a one-time extension of the due date, by submitting your request timely to this office.

A request form for waiver or extension is included with this correspondence. Your request will be considered by the Eligibility Committee of the Board of Trustees of the Plan, which meets monthly. However, you are advised that filing a request for waiver or an extension, or notifying the Plan that you have received an extension for filing your federal tax returns, will not ensure that your benefits will not be suspended in accordance with Plan rules.

If a pensioner's benefits are suspended, they may, upon the determination of the Eligibility Committee, be reinstated, without interest, in appropriate cases, at the sole and absolute discretion of the Trustees.

**IMPORTANT - IF YOU HAVE RETIREE HEALTH COVERAGE:**

Under the rules of the Sheet Metal Workers' Health Plan of Southern California, Arizona and Nevada, if a participant's monthly pension benefits are suspended for any reason, the participant and the participant's covered dependents are not eligible for retiree health plan coverage during the period of suspension. **If you are receiving retiree health care through the Health Plan, and your pension benefits are suspended, your health coverage will be terminated.** You may therefore experience a lapse in coverage, be required to submit a new enrollment form, and be subject to higher monthly premiums. If you or your spouse are Medicare eligible, your monthly pension benefits may be suspended at a later date, either August 1 or September 1, 2023, at the sole and absolute discretion of the Trustees.

To reiterate: If, for any reason, you cannot or will not file a federal tax return in time to provide a copy to this office by **May 15, 2023**, and you wish to request an extension of time or a one-time waiver, you must write to the Eligibility Committee in care of this office, and you should submit your request as soon as possible.

A waiver or extension request form that you can use is enclosed with this Important Notice. However, your request will not automatically stop the suspension of your pension benefits. Your request will be considered by the Eligibility Committee at the next possible monthly meeting.

In furnishing your federal tax filing copy, please carefully observe all of the following instructions:

- Provide a copy of the **first two pages** of your 2022 federal tax return Form 1040 or the **first three pages** of your 1040-SR. If you E-File, do not submit a copy of Form 8879 or 8453. Only your 1040 or 1040-SR will be accepted.
- Make sure the statement submitted includes your name, address, SM1 identification number and/or the last four digits of your Social Security number, and has been signed you and your spouse (if you are married).
- If there is an amount on **line 1a** (wages), please be sure to include copies of **all W-2** forms received by both you and your spouse. If the income on line 1a is for you (the pensioner), please explain your job duties and the nature of business for your employer(s).
- If there is an amount on **line 8** (1040 form), please include Schedule 1. If there is an amount on line 3 and/or line 5 on the Schedule 1, please be sure to include a copy of your Schedule C and/or Schedule E to explain the income and/or loss.
- Please be sure that all copies submitted are clear and legible.
- Please **do not send the original statement or original W-2 forms. Materials you submit cannot be returned.**
- Mail all requested documents promptly to the address listed at the top of this letter. **A pre-addressed postage-paid envelope is enclosed with this correspondence for your convenience.**

Thank you for your cooperation.

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**REQUEST FORM FOR WAIVER OR EXTENSION**

To request a one-time waiver, or to request a six-month extension of the due date to furnish a copy of your annual federal tax filing, for tax year 2022 only, please provide the information below, addressed to the Eligibility Committee for consideration:

From: \_\_\_\_\_  
                            First Name                            Middle Initial                            Last Name

Address: \_\_\_\_\_  
                            Street                            City                            State                            Zip Code

XXX-XX-                            / SM1                            (                    )                            -                            \_\_\_\_\_  
Social Security Number            Sheet Metal Number            Area Code            Telephone Number

**Check the appropriate box below and provide a written explanation:**

**My tax filing copy will not be ready by May 15, 2023 and I request an extension and delayed due date of November 15, 2023 for the reason explained here:**

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

**I request a one-time waiver of the tax filing copy requirement: I will not file an IRS 2022 tax return at all for the following reason(s):**

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

**Other reason (explain):** \_\_\_\_\_  
\_\_\_\_\_  
(Attach additional paper if necessary)

\_\_\_\_\_  
Pensioner's Signature (**required**)