



Sheet Metal Workers' National Pension Fund

January 2019

To: All Local Unions Participating in the Sheet Metal Workers' National Pension Fund ("NPF" or "Fund")

Dear Union Officials:

Please be advised that until otherwise notified, Free Look is available to all newly-signed Employers provided they meet the conditions described below.

As you may be aware, Free Look allows a newly-signed Employer to participate in the NPF without incurring withdrawal liability should the Employer's obligation to contribute to the Fund end within 48 months of the Employer's signatory date. If your Local intends to sign a **brand-new** Employer to a CBA, the Employer and the Local should promptly complete and submit the attached questionnaire. Prior to submission, please confer with the Fund Office to be sure the Employer satisfies all the conditions for Free Look. Additionally, the CBA must include the following:

- 1.) Incorporate, by reference, the terms of the NPF Trust Document;
- 2.) Require that the Employer makes monthly contributions via the NPF's Internet Payment System (IPS); and
- 3.) Facilitate the Local Union's withdrawal of labor in the event of delinquency without waiting for SMART to send a directive.

For your convenience, we have included acceptable sample CBA language which meets these requirements. For additional information on Free Look, please refer to the NPF Trust Document found at https://www.smwnpf.org/downloads/plan-documents/2016_Trust_Document_with_Appendix_A_1.pdf or contact the Fund Office.

Following receipt of this information, the Fund Office will notify the Local Union if the employer has been approved for Free Look.

Your attention is appreciated.

Fund Office

Enclosure



**SHEET METAL WORKERS' NATIONAL PENSION FUND ("FUND")
FREE-LOOK QUESTIONNAIRE**

To be considered for "Free-Look", the Union and the Employer must fully complete this Questionnaire either before, or within 90-days, from the date the Employer becomes a Contributing Employer. This Questionnaire is necessary to determine if an employer/applicant meets the Free Look eligibility requirements. After completing this Questionnaire, the Contributions Committee may direct staff to find additional information before a determination can be made. If more space is needed, please attach additional sheets.

1. **Name of Employer:** _____

Address: _____

Local Union: _____

2. Has the Employer, and/or its shareholders, officers or owners, operated any other business related to building, construction, service or fabrication in the past five years? If yes, provide details below, including name(s), location, and nature of business.

3. What is or will be the effective date this Employer was or will be signed to the Local Union's Collective Bargaining Agreement (CBA)? *Please be sure to use NPF's model CBA language.*

Effective Date of the Collective Bargaining Agreement: _____

4. Use of the NPF Internet Payment System (IPS) is a condition to qualify for Free Look. By signing below the employer understands and agrees to remit all National Benefit Fund obligations on the IPS. NOTE: failure to do this will automatically disqualify the employer from Free Look.

5. List below the date of the Employer's incorporation. Attach a copy of the employer's articles of incorporation or other documents establishing the business.

6. Has the Employer or its owners, officers or principals, ever previously participated in the NPF under its current name or another name? If yes, provide the name (s) and the approximate dates of participation.

7. List below the names of the shareholders, and/or owners and officers of the Employer. Please state their ownership interest in percentages. Designate their title as an officer, partner, member, or owner and include the last four digits of their social security number. Attach additional sheets as needed.

8. Has the Employer previously had full or partial withdrawal liability assessed by the NPF? If yes, provide the name of the employer.

***NOTE: The Fund Office must receive a copy of an executed Collective Bargaining Agreement signed by both the employer and the Union as soon as available.**

On behalf of the Employer and Union, we recognize that Free Look may be extended based upon the representations we make herein and that if the information is incomplete or inaccurate, Free Look may not be available. We certify that the foregoing is true and correct to best of our information and belief.

Employer Signature

Date

Employer Name Printed

Title

Union Representative Signature

Date

Union Representative Name Printed

Title