



## **KBIC ELDER/DISABILITY PENSION TRUST**

### **APPLICATION FY2025**

CAP OFFICE, 16429 Bear Town Road, Baraga, MI 49908  
Phone: (906) 353-4162 Fax: (906) 353-4141

☐

RENEWAL

☐

NEW

☐

UPDATE INFORMATION

Please attach your Enrollment Card that is current and up to date with the KBIC Enrollment Office.

Please check which location you reside:

☐

Baraga County

☐

Marquette Trust Properties

Which program are you applying for:

☐

Elder Pension- (Must be at least 62 years old)

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Disability Pension -Must be receiving Social Security Disability or other long term disability benefits. (Must attach most recent verification of benefits, such as SSI, SS, Veteran or other long term disability benefits.)

The Pension Trust is free of tax liability and this payment option is offered only once each fiscal year.

***Please check which payment frequency you prefer:***

☐

Monthly

☐

Quarterly

☐

Semi-Annual

☐

Annual

☐

Decline

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Print Name

Date of Birth

Age

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Social Security #

KBIC Enrollment #

Phone #

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Physical Address

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Mailing Address (If different than physical)

*I hereby certify that all of the information in this application is true, correct, and complete to the best of my knowledge. I understand that failure to provide all necessary information and documentation can result in the denial of my application.*

*I authorize the KBIC CAP Office to verify the information provided on this application, including but not limited to income, residency, and household information. I understand this may include contacting employers, financial institutions, landlords, utility companies, government agencies, or other sources as needed to determine my eligibility and continued participation in the program. I also agree to notify the program of any changes in my income, address, or household status.*

*I understand that this authorization is valid for the duration of my application and participation in the program, and that a photocopy of this release is as valid as the original.*

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Applicant Signature

Date