



California State Athletic Commission
 2005 Evergreen Street, Suite 2010
 Sacramento, CA 95815
www.dca.ca.gov/csac/
 (916) 263-2195 FAX (916) 263-2197



PROFESSIONAL BOXERS' PENSION PLAN

SUMMARY PLAN DESCRIPTION (SPD)

1. Pension Plan General Information.

The name of the plan is the Professional Boxers' Pension Plan. The entire plan is set forth in California Business and Professions Code ("Code") and in Title 4 of the California Code of Regulations section 400 through 409 ("Regulations").

The plan is administered by the California State Athletic Commission ("Commission"). The plan has a public purpose because it helps eligible boxers have some benefits when they retire.

If there are any conflicts between this Summary, and the Plan as written in the Code and Regulations, the Code and Regulations will control.

2. Who Contributes to the Plan?

The promoter makes contributions to the plan based on the number of tickets sold and number of tickets given away at no cost per event, up to a maximum contribution of \$4,600 per show.

The law states that a licensed California boxer is required to participate in the pension plan.

3. Who is Eligible for Benefits?

Any professional boxer who is licensed in California and fights in California ("boxer") after July 1, 1981, may be eligible to receive benefits. You are eligible to receive benefits if you:

- Fought in 10 scheduled rounds per calendar year, during each of four calendar years after July 1, 1981, **without an intervening break of service**; and
- Fought in 75 scheduled rounds after July 1, 1981, **without a break of service**.

If you fought in at least 20 scheduled rounds between July 1, 1981 and June 30, 1984, you will also receive credit for rounds you fought between June 30, 1978 and July 1, 1981.

A "break of service" means that you did not fight at least 10 scheduled rounds in California during any 36 months in a row after July 1, 1981, and before you turned 50 years old.

If you are eligible for benefits and you die before age 50, the benefits can be paid to a beneficiary of your choice. If you have not chosen anyone, then the Commission will choose the person who will receive your benefits, in the order named in the California Probate Code. The Commission's choice is final.

4. When Can I Receive Benefits?

A boxer who has met the eligibility criteria outlined in #3 above can receive benefits calculated at the end of the year when he or she:

- Reaches the age of 50;
- Reaches the age of 36, retires from boxing and requests a vocational education benefit that would be paid directly to the school; or
- Dies before the age of 50, with benefits to be paid to your beneficiary.

5. What Benefits are Available?

The Commission decides how it will pay benefits to you. The Commission may pay your benefits in a one time lump sum payment.

Options

If you qualify for a benefit, you can ask the Commission, in writing, to pay you in a different way. You must give the Commission good reasons for changing the way it pays benefits. Good reasons include that you are dying or retired because of a disability or that purchase of an annuity contract is not practical. You can ask to be paid in one of the following ways:

- A single payment in cash;
- Equal cash payments every three months, or a specific percent of your pension account to be paid over no more than five (5) years; or
- Job training early retirement benefits. If you are at least 36 years old and retired from boxing, you can ask the Commission to have all or part of your pension benefit paid for school or job training, to help you prepare for a different career. If the Commission approves your request, it will pay the money directly to the school that you attend. The school has to show the Commission that you are actually going to class.

6. What Goes into My Account?

Money contributed by boxers, managers and promoters before June 17, 1997, and money contributed by promoters after June 17, 1997, goes into your pension account. The amount placed in your pension account depends upon the number of rounds you fought and the amount of purses paid to you. One-half of the money contributed by promoters is divided among boxers based on the number of scheduled rounds fought in California by each boxer as a percent of the total number of scheduled rounds fought by all boxers in California during a year. The other half is divided based upon the amount of purses received by boxers for fights in California during a year.

For example, if you fought 20 of the total 2,000 rounds of scheduled boxing fought in California during one year, your part is 1% of the amount contributed for total rounds. If you were paid \$30,000 in purses out of a total purse amount in California during one year of \$900,000 your part would be 3% of the amount contributed for total purses. In addition, money may be added to your pension account from forfeiture of pension accounts of boxers who fail to become eligible for benefits

7. What Happens if I Have a Break of Service?

A break of service means that you have failed to fight at least 10 scheduled rounds in California during any 36 months in a row before you turned 50 years of age.

If you have a break of service before you are eligible to receive benefits, then the money in your pension account is taken out and divided among the other boxers. This is called a “forfeiture”.

If you have a break of service after you are eligible to receive benefits, then your pension account is put on inactive status. This means you will not continue to share in the division of promoter contributions, but money will still be added to your account from forfeitures, if there are any.

8. Can I Give My Benefits to Someone Else?

You cannot sell, transfer, pledge or in any way give your benefits to anyone else before they are paid to you. In addition, your benefits cannot be taken from the plan by anyone else to pay for debts, contracts, liabilities or any wrongs you committed. You can, however, choose someone else to receive your benefits upon your death.

9. How Do I Apply for Benefits?

You or your beneficiary can ask the Commission for information about rights and benefits and the Commission will provide you with a reply, in writing, within 30 days.

You or your beneficiary must file a written claim for benefits with the Commission. The Commission must say, in writing within 30 days, whether the claim is complete. The Commission has 60 days after receiving a complete claim to make a decision in writing and provide it to you. If the Commission denies your claims for benefits, it must give you the reasons it denied the claim and state the specific parts of the plan on which it based its denial. The Commission also must explain how it reviews denied claims.

10. How Do I Request the Review of a Denied Claim?

If the Commission denies a claim for benefits, you or your beneficiary can ask the Commission, in writing, to review the denial. This request has to be made within 90 days after you receive the denial. The Commission must notify the claimant in writing that it has received the request for review and that the person has 30 days to give the Commission a written statement and any documents that he or she feels support the claim. The Commission must look at the whole record and make a decision no later than 30 days after the person’s deadline to give information to the Commission. If the Commission again denies the claim, its written decision will give you or your beneficiary the same kind of information it gave you the first time the claim was denied.

11. Who Do I Contact for More Information?

In order to obtain more information about this pension plan contact the California State Athletic Commission at 2005 Evergreen Street, Suite 2010, Sacramento, CA 95815, (916) 263-2195.



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PROFESSIONAL BOXERS' PENSION PLAN ENROLLMENT FORM

Full Legal Name:

 (First Name/Nombre) (Middle Name/Apellido Materno) Last Name/Apellido Paterno)

Date of Birth: ____/____/____ **Social Security #:** ____ - ____ - ____

Federal Identification #: _____ **Expires:** ____/____/____

Boxer's Address: _____

City: _____ **State:** _____ **Country:** _____ **Zip Code:** _____

Date First Licensed as a Professional Boxer: ____/____/____
 (Month) (Day) (Year)

Date of First Professional Bout: ____/____/____
 (Month) (Day) (Year)

Marital Status: *(if married, divorced or widowed, please provide date of marriage, divorce or widowed)*

Married **Divorced** **Widowed** **Single**

____/____/____ (Mo.) (Day) (Yr.) ____/____/____ (Mo.) (Day) (Yr.) ____/____/____ (Mo.) (Day) (Yr.)

Spouse's Full Legal Name:

 (First Name/Nombre) (Middle Name/Apellido Materno) (Last Name/Apellido Paterno)

Spouse's Address: _____

City: _____ **State:** _____ **Country:** _____ **Zip Code:** _____

I have received the Summary Plan Description (**SPD**) describing the Professional Boxers' Pension Plan. I understand the **SPD** is only a summary of the provisions of the Plan. It cannot provide every detail that may affect my rights or benefits under the Plan. In the event of discrepancies between the description in the **SPD**, and the provisions of the complete Plan (included in the statute and regulations), I agree that the provisions of the Plan (and their respective amendments), and not those of the **SPD**, will control. I understand that a complete copy of the Plan is available for inspection at the offices of the California State Athletic Commission during business hours. I can also get a copy of the Plan and other documents if I ask for them or if my authorized representative asks for them. I also understand that I may be asked to pay a reasonable charge for copies of those documents.

I hereby apply for Participant status in the Plan. By applying for participation in the Plan, I hereby authorize the Commission to provide all necessary information about me, collected on Plan forms or other Commission records, to authorized agents and representatives, as it deems necessary for the proper administration of the Plan. I understand that applying for Participant status does not guarantee enrollment in the plan and that I must meet certain requirements summarized in the SPD to participate.

 Professional Boxer (print name)

 (Witnessed by Commission Representative (print name)

 (Signature)

 (Signature)

Dated: ____/____/____
 (Month) (Day) (Year)

Dated: ____/____/____
 (Month) (Day) (Year)

Office Use	Approved by: _____	Date: _____
	Approved By: _____	Date: _____