

SHEET METAL WORKERS LOCAL 108
VACATION PLAN

HARDSHIP WITHDRAWAL APPLICATION

Name: _____ Social Security Number: _____

Address: _____

Telephone Number: _____ Requested Amount: \$ _____

I am requesting a Hardship Withdrawal from the Sheet Metal Workers Local 108 Vacation Plan for the reason indicated below. I have included with my application the documentation indicated, as required by the Trustees of the Plan. I have also enclosed any other documentation I feel is pertinent to this request.

I. Hardship Withdrawal

A. _____ To avoid loss of my primary residence. I have enclosed the following documents:

_____ Eviction Notice (including name and address of my Landlord and the amount owed to avoid eviction; OR

_____ Foreclosure Notice (including name and address of the Mortgage holder and the amount owed to avoid foreclosure).

B. _____ To pay medical bills which I am unable to pay. I have enclosed the following documents:

_____ Explanation of Benefits (EOB) from the Health Plan, which shows that I have submitted these bills for payment and the amount for which I am personally responsible to pay; AND

_____ Notice of Collection from the Collection Agent for the Service Provider or Notice that my unpaid account balance is being referred for collection.

C. _____ To pay my financial obligations to the Local Union. I have enclosed the following documents:

_____ Written confirmation from the Local Union verifying the amount I owe to them; AND

_____ Written confirmation from the Local Union verifying I am on the Out-of-Work List; AND

_____ Written confirmation from the Local Union verifying that a hardship status exists for me.

D. _____ To pay for Self-Pay Health Plan coverage for a period of time which will end at the next scheduled payout from the Savings Plan. I have enclosed the following documents:

_____ Written confirmation from the Local Union verifying that a hardship status exists for me; AND

_____ Copies of my Work History cards supplied to me by the Local Union office; OR

_____ The Local Union office will send to the Sheet Metal Benefit Plans Administrative Corporation, under separate cover, a copy of my Work History cards.

