

INLAND

Refrigeration & Air Conditioning

Health & Welfare Trust Fund

Request for Paid Time Off Benefit Interim Withdrawal

SSN: _____ - _____ - _____
(only last four digits are required)

Local #: _____

Last Name		First Name		Middle Initial
Street Address				
City	State	Zip Code	() -	Phone Number

Amount of withdrawal requested: \$ _____

IMPORTANT NOTES:

- I understand that the address above MUST match my current address on file before this request can be processed. If my address has changed, I must submit a change of address form before this request can be processed.
- I have read and understand the policies outlined on this form and understand that this interim withdrawal is governed by the terms of the Health & Welfare Trust documents.
- I request that you pay me the lesser of (1) the amount indicated above, (2) the amount available in my Paid Time Off account, or (3) \$1,000.00.
- I understand that I am only permitted one withdrawal each calendar year in addition to the annual withdrawal in December.
- I understand that this interim withdrawal policy is strictly enforced, so that there will be no additional interim withdrawals permitted this year, no matter how severe the circumstances.
- I understand that by taking this interim withdrawal, I forfeit any interest that might have been payable on the amount withdrawn.
- If my request for this interim withdrawal is in proper order, the disbursement will be issued by the Trust Fund office within 30 days of receipt of my request, except from November 20th through December 10th.

X

Signature

Date



Administered by
SOUTHERN CALIFORNIA PIPE TRADES ADMINISTRATIVE CORPORATION

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