

SOUTHERN CALIFORNIA PIPE TRADES DEFINED CONTRIBUTION FUND

501 Shatto Place, Suite 500, Los Angeles, CA 90020 | (800) 595-7473 (213) 385-6161 | Fax (213) 487-7921 | www.scptac.org | info@scptac.org

LOSS OF INCOME WORKSHEET

PART 1—PARTICIPANT INFORMATION

Participant Name Phone Number			Social Security Number (only last for digits required)	
		Email Address		
PART	2—WORKSHEET			
Α.	Weekly Pay Times Weeks Unemployed:	\$		
В.	Unemployment Benefits Times Weeks Received:	- <u>\$</u>		
C.	Amount of Loss of Income at Time of Application:	= <u>\$</u>		
D.	I request that (maximum of four) additional weeks of lost income, as calculated above, be added to the distribution because I expect to be unemployed for at least that long.			
	The additional amount for future weeks is:	+		
E.	Total amount of distribution requested:	=		

NOTE: Attach copies of your last two paystubs from your employer, before your unemployment, along with your most current statement of account of your unemployment insurance benefits (if applicable).

PART 3—CERTIFICATION

Calculated in Part 2 is the amount needed to relieve my hardship as a result of the loss of income I have incurred following the disaster declared by the Federal Emergency Management Agency in a geographic area in which my principal residence or principal place of employment is located for which individual assistance is made available.

I understand that this document will be relied upon by the Board of Trustees. By signing above, I certify to the Board of Trustees that the information above is true and accurate.

<u>X</u>

Participant Signature

Date