

**LOCAL UNION NO. 373 U.A. HEALTH & WELFARE FUND**

Local 373 Benefit Funds Office  
PO Box 58 Mountainville, NY 10953  
(845) 534-9522

**Interim Vacation Benefit Check Withdrawal Form**

**For Office Use:** Member # \_\_\_\_\_ LU# \_\_\_\_\_ Check Date \_\_\_\_\_

\_\_\_\_\_  
Participant's Name Social Security Number

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Telephone number Email

**Note: If your address on this form is different from your address on file at the Fund Office, your address will be changed for all the Local Union No. 373 U.A. Benefit Fund records to the address on this form.**

To be eligible for an Interim Vacation Benefit check, you need to be unemployed for four (4) consecutive weeks and submit proof of your receipt of state unemployment insurance benefits. Please read the following carefully regarding the rules for obtaining an Interim Vacation Benefit check:

- 1) *You must have a balance in your vacation account.*
- 2) *You are permitted to take a distribution of any amount up to the balance in your vacation account.*
- 3) *Only one interim vacation benefit check is permitted prior to the semi-annual (or annual) vacation check distribution in May and December of each year.*
- 4) *No withdrawals are permitted during the months of April, May, November, and December*

I request a withdrawal of \$ \_\_\_\_\_ (*insert amount*) from my vacation account.

1. I hereby represent that I am currently unemployed and have been for at least 4 consecutive weeks immediately prior to this request.

2. I have attached proof of receiving state unemployment insurance benefits to this request.

\_\_\_\_\_  
Participant's Signature Date

\_\_\_\_\_  
Trustee's Signature Date

**\*\*\*\*All Interim Vacation Withdrawals will be processed as Direct Deposit Only\*\*\*\***

*Effective: 07/01/2024*