

# 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 \_\_\_\_\_

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. If the Form is in proper order and accepted by the Fund Office, the Interim Withdrawal will generally be issued by the Fund Office on or about the 15<sup>th</sup> of the month following the Fund's approval of the Interim Withdrawal. If the Form is received after the 10<sup>th</sup> of the month, the distribution will be made on or about the **15<sup>th</sup> of the next month** during which Interim Withdrawals are permitted.

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 \_\_\_\_\_