

Roofers' & Waterproofers' Local Union 44

Health and Welfare Fund

1651 East 24th Street Cleveland, OH 44114
(216)771-8220 Fax (216) 771-1481

ENROLLMENT IN SUPPLEMENTAL VACATION BENEFIT PLAN

I wish to enroll in the Fund's Supplemental Vacation Benefit's Plan. I understand that benefit payments are subject to withholding and reporting of all applicable Federal, State, City income, payroll, unemployment and other taxes.

Supplemental Vacation Benefit Payments **CANNOT** be made at the time of enrollment. All enrollment forms must be completed and filed at least two weeks prior to the initial benefit distribution date. Distributions will occur no later than May 15th or December 15th or the first business day following such date. If you wish to discontinue payments or would prefer a smaller distribution, contact the Administrator at least one week prior to the distribution. Payouts will continue until you either to stop them or your account does not have sufficient funds. If you miss one payout, a new application is required to restart the distributions.

PLEASE PRINT

NAME _____ **SOCIAL SECURITY #** _____

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

TELEPHONE () _____

PLEASE INIDICATE IF THE ABOVE IS A NEW ADDRESS: YES OR NO

The gross amount of distribution will be the maximum of \$3,500.00 or the balance of your Optional Plan Medical Credit's yearly allowable distribution. If you wish your gross distribution to be less than the allowable mount, please indicate the amount you wish to receive here:

\$ _____

SIGNATURE: _____

DATE SUBMITTED: _____