



BAY AREA PAINTERS AND TAPERS

PENSION AND ANNUITY TRUST FUNDS

4160 Dublin Boulevard, Suite 400

Dublin, CA 94568-7756

Toll Free: (866) 894-3705 * Fax: (925) 833-7301

Email: Paintersinfo@hsba.com

Website: www.bayareapainterstrust.org



BAY AREA PAINTERS ANNUITY PLAN

HARDSHIP APPLICATION

Applicant's Name:		SSN:
Address:		
Phone Number:	Email:	Date of Birth:

***Please provide proof of age; see page 6 for acceptable documents.**

Marital Status:

Never Married Married Divorced Divorced & Remarried Legally Separated Widow

Spouse Name: _____ SSN: _____

Spouse Date of Birth: _____

*** Please provide proof of your marriage.**

If Divorced, provide:

Former Spouse Name: _____ SSN: _____

Date of Marriage: _____ Date of Separation: _____

Former Spouse Name: _____ SSN: _____

Date of Marriage: _____ Date of Separation: _____

***If you are Divorced or Legally Separated you must provide a copy of the Final Judgment of Dissolution of Marriage or Judgment of Legal Separation along with any Property/Marital Settlement Agreements and/or Qualified Domestic Relations Order (QDRO) for all prior marriages.**

Eligibility:

Check one of the following: **(please see attached list of acceptable documents to support your claim -pg 5)**

- Medical Expenses – expenses deductible under IRS Code Section 213(d).
- The Purchase of a principal residence.
- Tuition – for post-secondary education at an accredited college, university, or trade school.
- To prevent eviction from or foreclosure on principal residence.
- Burial or Funeral Expenses – for a deceased parent, spouse, child, or dependent.
- Expenses for repair of damage to principal residence – expenses deductible under IRS Code Section 165.



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RESOURCE STATEMENT

Conditions for Hardship Distribution:

No hardship distribution shall be made unless the board, based upon the Participant's representation and such other facts as are known to the Board, determines that the following conditions are satisfied:

- The distribution is not in excess of the amount of the immediate and heavy financial need of the Participant plus any amounts necessary to pay income taxes or penalties reasonably anticipated resulting from the distribution.
- The Participant has obtained all distributions, other than Hardship distributions, and all non-taxable loans currently available under the qualified retirement plans maintained by the Participant's Employer.

Resource Statement:

I am unable to have my hardship relieved by any of the following:

- Accessing compensation or reimbursement by insurance.
- Liquidating assets to the extent that such liquidation itself does not cause hardship.
- Distributions or loans from any other qualified retirement plan.
- Borrowing from commercial sources on reasonable commercial terms.

Please list the commercial sources from which you have sought to borrow:

- a) _____
- b) _____
- c) _____
- d) _____

I certify under penalty of perjury that all of the above statements are true and correct and that the Trustees shall the right to recover any payments made to me because of a false statement.

Signature

Date



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SPOUSAL CONSENT FORM

I understand that my spouse is applying for a lump sum hardship withdrawal and that consenting to this withdrawal will affect my future benefits. I hereby consent to my spouse's election to receive all or a part of our Bay Area Painters and Tapers Annuity Plan benefit as a lump sum hardship withdrawal which I understand is a form other than a Qualified Joint and Survivor Annuity. I understand that this means that the amount distributed at this time will not be paid to me in the event my spouse predeceases me.

_____ is my spouse.
(Participant Name)

Spouse's Signature Date

Spouse's Social Security Number

TO BE COMPLETED BY NOTARY PUBLIC

State of _____ County of _____

On _____ before me, _____
Date Name and Title of the Officer

Personally appeared _____
(Name of Signer)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the forgoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public

(Place Notary Seal Above)



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PAYMENT REQUEST

Please list the **net** amount needed to relieve the hardship:

As of January 1, 2019, Participants are eligible for a Hardship distribution of the balances in the Profit-Sharing Account. This sub account is based on the contributions made on behalf of the Participant on or after January 1, 2019 and does not include the balance of the Money Purchase Account which is based on contributions made on behalf of the Participant through December 31, 2018.

***Please note a 20% federal tax withholding will apply.**

STATE TAX WITHHOLDING (CALIFORNIA ONLY)

Check One:

- I elect to have **NO** State Income Tax withheld.
- I elect to have State Income Tax withheld in an amount equal to 10% of the Federal Tax withholding.

I hereby apply for benefits from the Bay Area Painters and Tapers Annuity Plan. The above statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for annuity benefits and that the Board of Trustees shall have the right to recover any payments made to me because of a false statement. I acknowledge that I have read the Plan Rule and Regulations and that any questions I have concerning them have been answered.

Signature: _____

Date: _____



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SUBMISSION OF PROOF OF HARDSHIP

Failure to provide proper current supporting documentation will result in denial of the hardship request. Please note that other current supporting documentation may be required in addition to the items listed below. Supporting documentation must be prepared within 30 days of the hardship request.

MEDICAL EXPENSES INCURRED

- Amount must (1) not be covered by insurance, (2) not paid in its entirety by insurance, or (3) not previously paid by participant.
- Copy of itemized bills
- "Balance due" statements from providers or notices from collection agencies are not acceptable.
- Explanation of benefits (EOBs) from insurance carriers
- If you did not have any insurance at the time the services were performed, you must submit that in writing.

FOR MEDICAL EXPENSES NOT YET INCURRED

- Doctor/hospital statement – treatment plan identifying name of participant or dependent, service to be rendered, estimated cost of service; statement must be on doctor's/hospital's letterhead; **and**
- Letter from insurance carrier (if applicable) – must identify amount to be paid by insurance or denying coverage

FOR PURCHASE OF A PRINCIPAL RESIDENCE

- Residential Purchase Agreement
- Statement from Title Company showing Summary of Escrow account for closing costs.
- Good Faith Estimate
- Non-Eligible Expenses: amounts already paid or refinancing a mortgage.

FOR EDUCATIONAL EXPENSES

- Letter from University confirming enrollment and outlining fees and tuition for the next 12 months.
- Must have exhausted all other financial aid, grant, or loan options.

EVICITION OR FORECLOSURE:

- Copy of current applicable lease. If your tenancy is month-to-month, you must furnish a signed document from the property owner stating the details of your current tenancy. ***REQUIRED***
- Original eviction notice or court order of eviction. Must include the amount necessary to prevent eviction (list past due amounts by month) and date on which amounts must be paid.
- Foreclosure notice - must be from Mortgage Company, other appropriate agency, or state or local taxing authority stating that foreclosure proceedings will begin if amount not paid.
- The address on the eviction or foreclosure notice must be the same as the address on your account, unless the address on your account is a P.O. Box. If the address on your account is a P.O. Box, you must submit a copy of a utility bill that states your physical address that matches the address on the eviction or foreclosure notice.

BURIAL EXPENSES

- Copy of funeral and/or burial bill or other bills (ex: headstone/grave marker, florist) relating to the funeral – must identify family member and billed or outstanding balance.
- Original certified death certificate

REPAIR OR DAMAGE TO YOUR HOME

- Proof of damage and bill for repairs
- Proof that the damage is covered under IRS Code Section 165.



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INSTRUCTIONS CONCERNING SUBMISSION OF PROOFS OF AGE

The acceptable proofs of your age are listed below in two groups. Submit a photocopy of one of the proofs listed in Group I, if you have it, or can possibly obtain it, since this class of proof of age is the more convincing.

If you cannot submit a proof from **Group I**, submit photocopies of two (2) of the proofs from **Group II**. **You are cautioned; Naturalization Papers, United States Passports and Immigration Papers may not be photocopied. If you are submitting any of these, you must submit the original.** It will be returned to you by certified mail.

Additional proofs of age may be requested if the documents you submit do not constitute convincing proof of age.

GROUP I

1. Birth Certificate.
2. Baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such record.
3. Notification of registration of birth in a public registry of vital statistics.
4. Certification of record of age by the U.S. Census Bureau.
5. Hospital birth record certified by the custodian of such record.
6. A foreign church or government record.
7. A signed statement by the physician or midwife who was in attendance at birth, as to the date shown on their records.
8. Naturalization record. (Photostat no permitted, submit original.)
9. Immigration papers. (Photostat no permitted, submit original.)
10. Letter from Social Security Administration certifying to your age as it appears on their record.

GROUP II

1. Military record.
2. Passport. (U.S. passport may not be photocopied, submit original.)
3. School record certified by the custodian of such record.
4. Vaccination record certified by the custodian of such record.
5. An insurance policy which shows the age or date of birth.
6. Marriage records, showing date of birth or age. (Application for marriage license or church record, certified by the custodian of such record; or marriage certificate.)
7. Other evidence such as signed statements from persons who have knowledge of the date of birth.
8. Driver's License.

ORIGINAL DOCUMENTS WILL BE PHOTOCOPIED AT THE FUND OFFICE AND RETURNED TO YOU UPON REQUEST