



BAY AREA PAINTERS AND TAPERS
PENSION AND ANNUITY TRUST FUNDS
4160 Dublin Boulevard, Suite 100
Dublin, CA 94568
Toll Free: (866) 894-3705 * Fax: (925) 833-7301
Email: Paintersinfo@hsba.com
Website: www.bayareapainterstrust.org



PLEASE READ CAREFULLY

YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THE FOLLOWING:

1. Copy of Proof of Identity for yourself. (see instructions below)
2. Copy of Proof of Marriage –county issued certificate if married in the US.
3. If you are or have been divorced, legally separated, or had an annulment, you **MUST** submit the Final Judgment of Dissolution of Marriage, Legal Separation, or Annulment along with any other Property/Marital Settlement Agreement and/or Qualified Domestic Relations Order (QDRO) for **all** prior marriages **even if they occurred prior to your work under the Plan.** If you do not have these documents, you may obtain copies, for a fee, from the Superior Court in the county where your divorce was filed, Contact the Superior Court for more information.
4. If you are widowed, please submit a photocopy of the death certificate.

INSTRUCTIONS CONCERNING SUBMISSION OF PROOF OF IDENTITY

The Trust Fund will verify the identity of a member who submits an application through one of the following methods:

- **Method 1:** Submit a copy of your birth certificate and a copy of your current and unexpired government issued photo identification (e.g. driver's license, military identification, or passport); or
- **Method 2:** Submit a signed and notarized application with:
A copy of your birth certificate, or a copy of your current and unexpired government issued identification (e.g. driver's license, military identification, or passport); or
- **Method 3:** Apply **in person** to the Trust Fund Office with current and unexpired government issued photo identifications (e.g. driver's license, military identification, or passport) for yourself.

Child beneficiary applying for a benefit - in the event that the Member is deceased, has not yet retired, was not married at the time of their passing, and has a child under the age of 18 and/or who was under the care of the Member the Trust Fund will verify the identity of an unemancipated minor beneficiary as follows:

- **Method 1:** Submit a copy of the minor's birth certificate to be submitted with a signed and notarized application by the minor's guardian or parent; or
- **Method 2:** Submit a copy of a court order assigning guardianship with a signed and notarized application by the minor's guardian; or
- **Method 3:** Apply in person to the Trust Fund Office with a copy of the minor's birth certificate or court order assigning guardianship; and the guardian presents a current and unexpired government issued photo identification.

If you are unable to verify your identity using the above methods, you may request an appeal through the Trust Fund. Appeals will be forwarded to the Plan's legal counsel for review.



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***BAY AREA PAINTERS ANNUITY PLAN
HARDSHIP APPLICATION***

Applicant's Name:		SSN:
Complete address, city, state, zip:		
Phone Number:	Email:	Date of Birth:

***Please provide a copy of proof of identity; see page 1 for acceptable documents.**

Marital Status:

☐ Never Married ☐ Married ☐ Divorced ☐ Divorced & Remarried ☐ Legally Separated ☐ Widow

Spouse Name: _____ SSN: _____

Spouse Date of Birth: _____

*** Please provide a copy of Proof of Marriage -county issued certificate if married in the US.**

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.
- ☐ Qualified Birth or Adoption Distribution (QBOAD) – Available to a Participant for childbirth or adoption expenses.

PAYMENT REQUEST

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

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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.

Please note a 20% federal tax withholding will apply. This amount will be withheld from your remaining account balance, or we will issue payment as close to the amount requested above after withholding federal taxes

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 amount 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.

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.

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:** _____

Printed name: _____

GENERAL ACKNOWLEDGMENT – NOTARIZATION

(ONLY COMPLETE NOTARIZATION IF YOU ARE USING "METHOD 2" TO VERIFY YOUR IDENTITY.)

State of _____ County of _____

On _____, before me, _____,

Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within 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 _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

_____(Seal)



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SPOUSAL CONSENT FORM

Participant Name: _____

Spouse Name: _____

I declare under penalty of perjury under the laws of the State of California that the Participant listed above is my legal spouse. I hereby consent to my spouse's election to receive our annuity benefit or the partial payment of our annuity benefit in a form other than a qualified joint and survivor annuity. I understand that this means that if my spouse predeceases me, I will not receive a survivor annuity I would otherwise receive as required by law on the amounts distributed.

Spouse Signature

Date

To be completed by Notary Public

State of _____ County of _____

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

Personally appeared _____
(NOTARY REQUIRED FOR SPOUSE'S SIGNATURE)

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.

(Place Notary Seal Below)

Signature of Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached and not the truthfulness, accuracy, or validity of that document.



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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 accounts for closing costs.
- Closing disclosure from your lender.
- Non-Eligible Expenses: amounts already paid or refinancing a mortgage.

FOR EDUCATIONAL EXPENSES

- Letter from University confirming enrollment and outlining fees, tuition, room and board 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 - letter/mortgage statement from the mortgage company: 1) the months that are overdue, 2) the total amount (principal and fees) due, 3) the date the amount is due, and 4) a clear indication that foreclosure is imminent.
- 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 and proof of relationship.

REPAIR OR DAMAGE TO YOUR HOME

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

QUALIFIED BIRTH OR ADOPTION DISTRIBUTION

- Copy of the child's birth certificate or adoption certificate.
- QBOAD must be made during the 1-year period beginning on the date on which the child is born or on which the legal adoption by the Participant of an Eligible Adoptee is finalized - expenses not to exceed \$5,000.00.
- Participants may repay any QBOAD to this Plan or another eligible retirement plan. If repaid, the QBOAD Distribution will be treated as an eligible rollover distribution and will not be subject to federal income tax.