



HAWAII LABORERS TRUST FUNDS

1440 KAPIOLANI BLVD., SUITE 800 - HONOLULU, HAWAII 96814 - FAX (808) 441-8750

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ANNUITY • HEALTH & WELFARE • LECET • PENSION • TRAINING • VACATION

HAWAII LABORERS' VACATION & HOLIDAY FUND ADVANCE PAYMENT APPLICATION

I. PARTICIPANT INFORMATION

Name: _____ Social Security No: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

II. REASON FOR AND AMOUNT OF ADVANCE REQUEST (limited to once per calendar year)

I am requesting an advance payment due to the reason below for the amount noted:

Check the reason for the advance payment request	Amount Requested
Disability as determined solely by the Trustees	\$ _____
Medical Emergency of participant or immediate family member (spouse, parents, children/stepchildren/adopted children). Please provide a description of the emergency:	\$ _____
Death of participant or immediate family member (spouse, parents, children/stepchildren/adopted children)	\$ _____
Home rental or mortgage payment, prevention of home eviction and/or foreclosure. Payment shall be made directly by the Trust Fund to the mortgage company or landlord on your behalf. (Please complete Section III below.)	\$ _____

III. HOME RENTAL AND MORTGAGE PAYMENT AUTHORIZATION

I understand payment will be made payable to _____ and mailed to the following address _____. I direct you to forward payment on my behalf and I release and indemnify the Plan Administrator and Fund against all liability. Initial here _____.

IV. PARTICIPANT'S AUTHORIZATION AND SIGNATURE

I authorize the Fund to issue and mail my advance payment check to the address above. I agree to release and indemnify the Plan Administrator and Fund against all liability of loss in connection with the advance payment and mailing. I certify that the information provided above and on the attached supporting documentation is true and correct.

Participant's Signature: _____ Date: _____

Please submit this application and supporting documentation to the following address:

Hawaii Laborers' Vacation & Holiday Fund
1440 Kapiolani Blvd., Suite 800
Honolulu, HI 96814
Fax: (808) 441-8757

Applications and supporting documents received after September 30th will be processed as an annual distribution with December distribution date. Please contact the Vacation Department at (808) 441-8640 or toll free at (888) 520-8078 if you have any questions.