



HAWAII LABORERS TRUST FUNDS

1440 KAPIOLANI BLVD., SUITE 800 - HONOLULU, HAWAII 96814 – Fax (808) 441-8757
PHONE (808) 441-8600 - NEIGHBOR ISLANDS DIAL DIRECT 1 (888) 520-8078

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

HAWAII LABORERS' VACATION & HOLIDAY FUND EARLY PAYMENT APPLICATION (Updated April 26, 2022)

I. PARTICIPANT INFORMATION

Name: _____ Social Security No: _____

Hawaii Mailing Address: _____

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

II. REASON FOR AND AMOUNT OF EARLY REQUEST (limited to two times per calendar year)

I am requesting an early payment due to the reason(s) below for the amount noted:

Check the reason for the early payment request	Amount Requested
Total disability and unable to perform covered work.	\$
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.)	\$
Relocating permanent residence outside the State of Hawaii.	
REQUIRED Mailing Address: _____	
City: _____ State: _____ Zip: _____ Phone Number: (_____) _____	

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 early 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 early 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 August 31st will be processed as an annual distribution with November distribution date. Please contact the Vacation Department at (808) 441-8640 or toll free at (888) 520-8078 if you have any questions.