



# HAWAII LABORERS TRUST FUNDS

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## HAWAII LABORERS' VACATION & HOLIDAY FUND EARLY PAYMENT APPLICATION (Updated August 23, 2023)

### 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). <b>Please provide a description of the emergency:</b>	\$
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. <b>Payment shall be made directly by the Trust Fund to the mortgage company or landlord on your behalf. Please complete the following:</b>  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 _____.	\$
Relocating permanent residence outside the State of Hawaii.  REQUIRED Mailing Address: _____  City: _____ State: _____ Zip: _____ Phone: (____) _____	\$
Government Declared Emergency or Disaster <b>Please specify which Emergency/Disaster:</b>	\$

### III. 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**

Please contact the Vacation Department at (808) 441-8640 or toll free at (888) 520-8078 if you have any questions.