

# INLAND

## Refrigeration & Air Conditioning

### Health & Welfare Trust Fund

## Request for Paid Time Off Benefit Interim Withdrawal (and Change of Address, if applicable)

**HOLD FOR PICK-UP:** Check this box to request that your check be held at the Fund Office for you to pick up.

SSN: \_\_\_\_\_  
(only last four digits are required)

Local #: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

( ) -

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Note: If your address on this form is different from your address on file at the Fund Office, your address will be changed for both the Inland Refrigeration & Air Conditioning trust funds and the Southern California Pipe Trades trust funds to the address on this form.**

Amount of withdrawal requested: \$ \_\_\_\_\_

**PICK-UPS:** Checks are GENERALLY issued weekly and available for pick-up on Thursday for forms received by 12 PM (noon) the prior Tuesday. However, this schedule can change so please confirm that your check HAS BEEN ISSUED before coming to the Fund Office. You MUST provide an official picture I.D. (such as a driver's license, passport or state I.D. card). **If you do not have an official I.D. available, your check will be mailed.**

#### IMPORTANT NOTES:

- I understand that my email address may be used by one or more of the trust funds administered by the Southern California Pipe Trades Administrative Corporation, or by their providers with whom the trust funds contract to assist in providing benefits and administering the plans. Email addresses will only be used for purposes of administering the trust fund and providing you with important information about the plans and benefits offered.
- I have read and understand the rule outlined on this form and in the Summary Plan Description, and I understand that this interim withdrawal is governed by the terms of the Health & Welfare Fund documents.
- I request that you pay me the lesser of (1) the amount indicated above or (2) the amount available in my Paid Time Off account.
- I understand that I am only permitted one withdrawal each calendar quarter in addition to the annual withdrawal in December.
- I understand that this interim withdrawal policy is strictly enforced, so that there will be no additional interim withdrawals permitted this quarter, no matter how severe the circumstances.
- I understand that by taking this interim withdrawal, I forfeit any interest that might have been payable on the amount withdrawn.
- If my request for this interim withdrawal is in proper order, the disbursement will be issued by the Trust Fund Office within 7 days of receipt of my request, except from November 20<sup>th</sup> through December 5<sup>th</sup>.

X

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FAX TO (213) 386-0418, EMAIL TO [vacation@scptac.org](mailto:vacation@scptac.org), OR MAIL TO THE FUND OFFICE**



Administered by  
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