



**SOUTHERN CALIFORNIA PIPE TRADES DEFINED CONTRIBUTION FUND**

501 Shatto Place, 5th Floor, Los Angeles, CA 90020 | (800) 595-7473 (213) 385-6161 | Fax (213) 385-2767 | www.scptac.org

Listed below is the amount needed to relieve my hardship as a result of the loss of income I have incurred following the disaster declared by the Federal Emergency Management Agency in a geographic area in which my principal residence or principal place of employment is located for which individual assistance is made available.

<u>Weekly Pay</u>	<u>(-)</u>	<u>Unemployment</u>	=	<u>Amount of Loss</u>
<u>(x)</u>		<u>Benefits</u>		<u>at the time of</u>
<u>Weeks</u>		<u>(x)</u>		<u>Application</u>
<u>Unemployed</u>		<u>Weeks Received</u>		

\$ \_\_\_\_\_ (-) \$ \_\_\_\_\_ = \$ \_\_\_\_\_

I am requesting that \_\_\_\_\_ (*maximum up to 4 weeks*) additional weeks of loss income as reflected above be added to the distribution as I anticipate being unemployed for at least this additional period of time, for an additional amount of \$ \_\_\_\_\_

**Total amount of distribution requested:** \$ \_\_\_\_\_.

*Attach copies of your last 2 paystubs from your employer, before your unemployment, along with your most current statement of account of your unemployment insurance benefits (if filed).*

\_\_\_\_\_  
Name (*Please Print*)

\_\_\_\_\_  
XXX-XX-

Social Security Number  
(*provide only last four numbers*)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*This certification is made with the understanding that this document will be relied upon by the Board of Trustees. By signing above, I certify to the Board of Trustees that the information above is true and accurate.*