



SECURITY BENEFIT FUND
APPLICATION FOR
HARDSHIP ASSISTANCE AFTER A CATASTROPHIC EVENT

A benefit is payable to enable an active participant to continue working despite a catastrophe that destroys or significantly damages a participant's primary residence thereby impairing the participant's ability to work in the industry. Catastrophes for purposes of this benefit include flood, hurricane, tornado, fire, ice storm, explosion, etc. Significant damage means a claim for \$500.00 or more that is not insured or paid by another source. Claims are limited to the participant's account balance.

- Please complete all information on this form
- Attach all pertinent documentation of loss including bills, invoices, insurance material, etc. to substantiate your claim for benefits. Additional documentation or information will be requested as needed.
- This claim for benefits is subject to audit, review, and verification.
- This benefit is subject to all Federal, State, City and FICA taxes and will be reported on Form W-2 at year-end.
- If you wish to adjust your tax withholding, please complete forms W-4 (Employee's Withholding Certificate) and IT-2104 (New York State Employee's Withholding Certificate). Once the tax forms are received, we will use your withholding elections for all taxable disbursements from the Security Benefit Fund.

Book Number _____

Name _____

_____ Home Telephone

_____ Mobile

_____ E-mail

Amount of Benefit [Choose One]:

Maximum Benefit

Other _____
[Not to exceed account balance]

SIGNATURE _____ **Date** _____



AFFIDAVIT

The undersigned, _____ swears the he/she is not insured for the loss of property submitted herewith. I also swear that I have not been paid for the loss by any other source.

Sworn to before me this

_____ day of _____ 20 _____

Notary Public