

***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 phone      \_\_\_\_\_ 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