



**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
- Submit completed, signed and dated form to the Fund Office, along with the attached notarized affidavit
- 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.
- A benefit check will be mailed to the address the Fund Office has on file for you. If you wish to change your address please call the Fund Office for the necessary *Change of Address Form*.
- This benefit is subject to all federal, state and city employment withholding taxes.

Book Number \_\_\_\_\_

Name \_\_\_\_\_

\_\_\_\_\_ Home Telephone                      \_\_\_\_\_ Mobile                      \_\_\_\_\_ E-mail

Single  or Married  or Married, but withhold at higher single rate

Number of allowances you are claiming \_\_\_\_\_

New York City Resident: Yes  No

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