



## LOCAL 36 BENEFIT FUNDS

2319 CHOUTEAU AVE., SUITE 300 · ST. LOUIS, MO 63103 · [www.smw36benefits.org](http://www.smw36benefits.org)  
Tel: (314) 652-8175 Toll-Free: (800) 741-9411 Fax: (314) 652-0338

March 17, 2020

INTERNATIONAL ASSOCIATION OF SHEET METAL, AIR, RAIL AND TRANSPORTATION  
WORKERS("SMART") LOCAL UNION NO. 36 VACATION PLAN

### NOTICE

#### TEMPORARY RESOLUTION

The country and the world are currently experiencing a global pandemic from the Coronavirus (COVID-19) which is causing the government at all levels (federal, state and local) to impose restrictions on travel, gathering and other activities both for people possibly infected by the virus who need to quarantine and others. One of the consequences of these quarantines and other restrictions is the closing of jobsites and disruption in work.

The Trustees recognize that an inability to work, whether from quarantine or job disruption, places a financial burden on the participants. Accordingly, At least until June 30, 2020 the Trustees have decided to eliminate the administrative processing fee for Vacation Early Payment Requests when requested in connection with an emergency. An Early Payment Request allows a participant to receive part of their vacation payment early under special circumstances such as hardship, full-time active military service, or retirement.

Trustees SMART Local Union No. 36 Vacation Fund



SHEET METAL WORKERS SMART LOCAL UNION NO. 36 BENEFIT FUNDS
2319 CHOUTEAU AVE., STE. 300, ST. LOUIS, MO 63103
TEL: 314-652-8175 | FAX: 314-652-0338

VACATION FUND - HARDSHIP REQUEST

Effective March 17, 2020, this request will not be accepted in-person. Please use one of the following means to submit your Vacation Fund Hardship Request:

Mail to: SMART Local 36 Fund Office, 2319 Chouteau Ave., Suite 300, St. Louis, MO 63103

Deposit in mail slot in back of Union Office Building

Email to: jkoontz@sheetmetal36.org

Text to: (314) 359-3465

Checks will be mailed every Thursday and will not be available for pick-up until further notice.

Member Name: \_\_\_\_\_

Member SSN: (Last Four) \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

I am requesting a hardship withdrawal in the amount of \$\_\_\_\_\_ from my Vacation Trust Fund account.

[ ] I am currently not working due to \_\_\_\_\_ (Example: laid off, medical, splitting time)

[ ] I am currently working for \_\_\_\_\_

By my signature below, I agree:

- to waive any interest payment that may have been paid on my Vacation Trust Fund account, in order to receive a hardship payout at this time.
that any outstanding amounts due to the Union may be removed from my Vacation Trust Fund account and paid directly to the Union, if applicable.

Member Signature \_\_\_\_\_

Date \_\_\_\_\_

Below this line for Office use only

Vacation Fund Balance: \$\_\_\_\_\_ Verified by: \_\_\_\_\_

Is Member in Good Standing with the Union? YES / NO If NO, Pay Union: \$\_\_\_\_\_

Trustee Authorization: \_\_\_\_\_