



FINANCIAL HARDSHIP REQUEST FORM

Name: _____ Employee No.: _____ SSN: _____

Daytime Phone No.: _____ Facility/Dept. Name: _____

Please indicate reason for request for withdrawal and attach documentation which shows evidence/proof the event causing your hardship has occurred. (i.e., unreimbursed medical bills, contract to purchase home, tuition registration receipt, notice of eviction/foreclosure from landlord/mortgage company).

- Immediate and unexpected medical expenses which were not reimbursed by health plan
- Purchase of a principal residence
- College tuition for participant or participant's spouse or children
- Payment to prevent eviction from or foreclosure on participant's residence
- Burial expenses for participant's parents, spouse or children
- Expenses for the repair of damages to the participants principal residence that would qualify for casualty deduction under code section 152.

_____ **Star Plus 403(b) Plan** _____ **Personal Leave Program**

I am requesting a withdrawal from: PL _____ (hours to be cashed in) FIDELITY AIG in the amount of \$ _____ (net amount necessary to satisfy the hardship) and acknowledge that I am limited to one hardship withdrawal (all plans) in a 12 month period.

Employees requesting:

- PL cash-in must maintain a balance of 80 hours if you have any outstanding BH financial obligation (i.e. Relo, Hire-on Bonus, Tuition Reimbursement)
- Star Plus withdrawals must attach their last quarterly statement, investment company distribution form and salary reduction agreement form to stop contributions for six months.

(Note: PL hours must be exhausted unless there is any outstanding BH financial obligation (see above). Available PL hours will be paid to you and the balance will be paid from your Star Plus Account. Also, only the portion of your Star Plus account attributable to employee contributions is available for hardship distributions.)

This hardship withdrawal request is due to an immediate and heavy financial need and I have been unable to satisfy this need by other resources that are reasonably available to me, (including commercially available loans, loans available under the STAR PLUS PLAN, and a PL cash-in.)

Employee signature _____
Date

HUMAN RESOURCES REVIEW

PL REQUEST:

- Approved Your hardship cash-in check will be available in your Regional Cashier's office within one week. PL cash-ins are subject to the special IRS supplemental rate.
- Denied You may resubmit this form with additional documentation, if applicable.

STAR PLUS REQUEST: In accordance with Section 403(b) of the Internal Revenue Code and Section 8.05 of the plan document:

- Approved Your request has been forwarded to FIDELITY/AIG for processing of your withdrawal. Your distribution is subject to 20% Federal tax withholding, any applicable vendor withdrawal fees and a 10% penalty and any other applicable taxes when you file your income tax return if you are under age 59 1/2.
- Denied You may request a review by the Plan Administrator within 10 days from the date of this determination. Resubmit this form along with your written request stating why this request should be reconsidered and any additional documentation to support your appeal. Attached are the hardship distribution rules for your reference.

Human Resource Director/Date _____
Benefits Dept./Date