

Local 26 Application Form for Member Hardship & Death Benefit funds

This form must be completed entirely and signed, or processing will be delayed or denied

Date			Full Name _					
Address	s					Apt #_		
City				State		Zip		
Home P	hone Nu	mber			CellPhoi	ne		
Employer			Worksite/ Building					
Steward	dt			_Organizer/ Un	ion Rep			
specific	All beneate All hard event. There is funds, we all write and death are conting Pleases	tances: efits requestion function a maximized requestion submit all a By Mail: S Operation In Persor E-Mail to:	nire a W-9 form d and Death be num of \$300 perception of the exception of the exts will be decifit committee, report the committee applications in wrong the committee applica	to be filled ounefit application remember that death benefit ided on at the made up of SE e's judgment in ing resources riting to SEIU Low EES LOCAL 26, Sentral Avenue NE NE, Suite 177, Micts and Operation the Member Resources in the Member Resou	at and incluons must but can be pait. In ext monition applying in the menocal 26 by Member Ha E, Suite 177, linneapolis, Nons, Belinda ource Center	uded with the appearance submitted with aid out over a 3 thly meeting of abers. All benefits its eligibility crimber hardship and Death B Minneapolis, MN 5 5418.	thin 6 months of the -year period, across all the member hardship its are not guaranteed, iteria and are further and death benefit fund	l -
	Hards	ship Fund	ITru-Co		De	ath Benefit		

Reminder: W-9 form is required for all applications. See additional documents required for each application on reverse side.

Hardship Fund \$300.00 dollars for a member in good standing who has an unexpected crisis

	be	cause of their o	wn illness					
Both of the following addi	tional document	ts are needed:						
☐ Attach any valid medic	al documentatio	on.						
☐ Statement in writing of the nature of the hardship.								
	Tru-Conn	ect loan inter	est reimbursement					
For members in good standing covered by union contracts where the employer has agreed to a								
paycheck deduction loan program, and the member has repaid the full loan and taken the required								
union class, the member may receive up to \$300 paid for the interest of that loan.								
Both of the following addi	tional document	ts are needed:						
☐ Attach proof that the Ti	ru-connect Ioan	has been fully	repaid and the total amount of interest paid.					
☐ Attach confirmation tha	at the member ha	as attended the	e required union class.					
		Death Be						
			f a member in good standing					
One of the following addit	ional documents	s are needed:						
☐ Death Certificate	☐ Obituary	☐ Dr. note	☐ Religious Ritual or Funeral Mass documents					
The attached Death Benef submitted along with your			nent must be completed, signed in front of a notary, and .					
Certification								
• • •	•		documentation I have submitted is truthful and accurate and of the benefits requested on this form.					
Applicant signature:			Date:					

<u>Death Benefit Application Notarized Statement</u> <u>(For Death Benefits Only)</u>

I,, Residing at					
(Print Name)		(Street Address)			
(City)	(State)	(Zip Code)			
Being	of				
Relationship		Full Name of Deceased			
deceased, and I certify Member Hardship and Death Benefit Applica	d Death Benefit Fund.	eive said funds under the rules of the SEIU Local 26			
Subscribed and sworn this day of	to before me , 202_	<u>_</u> .			
Notary Public					
My Commission Expire	es				