



Southern New England Carpenters Annuity Fund

CONNECTICUT OFFICE

10 Broadway
Hamden, Connecticut 06518
Telephone (203) 281-5511
Toll Free 1-800-922-6026 (in CT)
Fax (203) 230-2457

RICHARD S. MONARCA
Fund Director



RHODE ISLAND OFFICE

14 Jefferson Park Road
Warwick, Rhode Island 02888
Telephone (401) 467-6813
Fax (401) 467-6816

EXPLANATION OF HARDSHIP WITHDRAWAL DISTRIBUTION

A participant may withdraw up to one-half (50%) of his or her Profit Sharing Account Balance to cover expenses incurred as outlined below due to a financial hardship. "Profit Sharing Account Balance" basically means a participant's account balance attributable to contributions and earnings after March 31, 1998. It is determined by taking a participant's total account balance at any time after March 31, 1998, reduced by the account balance as of March 31, 1998. The minimum amount for a Hardship Distribution is \$1,000. A participant may not receive more than \$70,000 in Hardship Distributions during his or her lifetime. The \$70,000 lifetime maximum includes any amounts withheld by the Fund to pay federal, state or local income taxes and amounts withdrawn to satisfy applicable excise taxes or penalties.

NOTE: Whenever possible, we will issue hardship distributions in a joint check. So if your application is for federal taxes, the check will be to you and the IRS. If your application is for foreclosure by your lender, the check will be to you and your lender. If your application is for tuition, the check will be to you and the school.

A financial hardship must be one of the following events:

A. **MEDICAL EXPENSES** - payment of medical expenses incurred by the participant, spouse or dependent not covered by another party such as an insurance plan, employee health plan or governmental plan. The evidence which must be submitted includes itemized statements for medical services or one or more Explanation of Benefit Forms showing unpaid amounts.

If your Hardship Application is for medical bills, the enclosed Authorization Form to Disclose Protected Health Information must be completed and returned with the Application.

B. **TUITION AND ROOM & BOARD EXPENSES** up to the next 12 months - for the participant, spouse or dependent for attendance at an accredited educational institution beyond high school. The evidence which must be submitted is a bill or receipt from the school which indicates the amount required for tuition and/or room & board.

C. **EXPENSES OF PURCHASING A HOME** (other than mortgage payments) which will be the participant's primary residence. The evidence which must be submitted is a copy of the mortgage commitment and a sales contract signed by both the buyer and seller, including a statement showing deposits made and amounts due at closing.

D. **AVOIDANCE** of a mortgage foreclosure on a primary residence of the participant or avoidance of eviction of the participant from a rental property which is his or her primary residence. The evidence which must be submitted consists of court documents showing the existence of a foreclosure or eviction action against the participant.

Hardship Withdrawals to prevent Eviction are limited to **once in a lifetime.** Hardship Withdrawals for Foreclosure are limited to **twice in a lifetime.**

- E. **FUNERAL EXPENSES** - incurred by the participant due to the death of his or her spouse, a child, brother, sister, parent or spouse's parent. The evidence which must be submitted is a bill or receipt indicating the amount required for the funeral expenses.
- F. **INCOME TAXES** – permitted once in a lifetime to cover overdue state or federal income taxes and related interest and penalties. The evidence which must be submitted is a past-due bill from the Internal Revenue Service, the State of Connecticut Department of Revenue Services, or the State of Rhode Island Department of Revenue.
- G. **MILITARY SERVICE OUTSIDE OF NORTH AMERICA** – withdrawals to cover outstanding debts and anticipated reasonable living expenses for immediate family remaining at home. The evidence which must be submitted is proof of your deployment outside of North America by a branch of the military, along with the anticipated time of your deployment (if known).

FEDERAL INCOME TAX WITHHOLDING - The Plan is required by law to withhold federal income taxes from a hardship distribution at a 10% rate unless you elect otherwise (see the "Federal Income Tax Withholding Election" Form), and, depending upon your age, you may be responsible for the payment of certain excise taxes and/or penalties in connection with such a distribution. See the attached notice entitled: "Special Tax Notice Regarding Plan Payments" for more information. For Federal Income Tax purposes you should be aware that this Plan is a Defined Contribution Pension Plan and is "Qualified" under the rules of the Internal Revenue Code. You may increase your hardship withdrawal request to include taxes attributable to the distribution.

CONNECTICUT INCOME TAX WITHHOLDING - Effective on and after January 1, 2018 with respect to Connecticut residents, the Plan is required to deduct and withhold applicable state income tax from any distribution you receive (which will be forwarded to Connecticut's Department of Revenue Services). Connecticut has issued an updated Form to implement these rules, specifically Form CT-W4P. If you are NOT a Connecticut resident, this rule does not apply. Please note that a Connecticut resident's failure to return a completed Form CT-W4P along with his or her Application will result in the Fund having to withhold at the highest Connecticut marginal rate of 6.99%, without allowance for any exemptions.

DETERMINATION OF ACCOUNT BALANCES; TIMING OF A HARDSHIP DISTRIBUTION - Profit Sharing Account balances can be determined on a daily basis, reflecting net earnings or losses as of the end of the Plan's prior fiscal year (December 31st) and contributions received after that. The amount of a hardship distribution is based upon a number of factors, including your Profit Sharing Account balance, the amount of taxes withheld and the information provided on your hardship distribution request form. Participants who are eligible for a hardship distribution will be paid as soon as administratively possible after your hardship distribution request is approved by the Board of Trustees or their Co-Chairs at their regular meeting and then processed by the Fund Office. Therefore, you should submit all required information to the Fund Office on a timely basis.

SHOULD I CONSIDER A PLAN LOAN? - Loans are available under the terms of the Southern New England Carpenters Annuity Plan from your account consisting of employer contributions for the events listed in items A through E, above; however, they are *not* available for the items listed in F or G. Loans provide you with the ability to pay your Annuity Plan account back over a set period of time (normally a maximum of five years) and do not create immediate tax implications, *but there can be adverse tax consequences if you are late in making a loan payment.* We always encourage you to contact a tax advisor when taking any type of distribution or loan from the Annuity Plan, and you should consider your options carefully. Contact the Fund Office if you need further information about loans or a Loan Application packet.

SOUTHERN NEW ENGLAND CARPENTERS ANNUITY FUND

Must be completed by member and returned to Fund Office with supporting documents.

Name (Please Print)

Local Union No.

Social Security Number

Date of Birth

Signature

Current Address

Street

Apt.

Town

State

Zip Code

Telephone Number

Date Signed _____

Important: Your application must be received in the Fund Office no later than _____.
Checks will be issued on or about the first week of the month following approval of your application.

For Office Use Only

Date Approved: _____

Authorization of Payment:

Fund Director

SOUTHERN NEW ENGLAND CARPENTERS ANNUITY FUND

Federal Income Tax Withholding Election for Hardship Withdrawals

Hardship distributions are subject to 10% federal income tax withholding unless an election is made not to have any federal income taxes withheld. I understand that I am liable for any federal and state income taxes due as a result of this distribution and for reporting and paying any excise taxes or other penalties that may be associated with my hardship distribution. **Check box 1, 2 or 3 and sign and date below:**

1. [] I do not wish to have federal income tax withheld from my hardship withdrawal.
2. [] I wish to have 10% federal income tax withheld from my hardship withdrawal.
3. [] I wish to have an additional _____% federal income tax withheld to cover the 10% excise tax the Internal Revenue Service will impose if I receive a distribution before age 59½ and any other penalties (including those that must be reported on IRS Form 5329).

(Signature)

(Date)

(Print Name)

(Social Security No.)

SOUTHERN NEW ENGLAND CARPENTERS ANNUITY FUND

**Connecticut Income Tax Withholding Election
for
Hardship Withdrawals**

Dear Participant:

Attached is a State of Connecticut Department of Revenue Services (DRS) Form CT-W4P (effective 1/1/18 or later) with instructions.

As with any compensation, your hardship distribution is potentially subject to state income tax depending upon your income level and any applicable deductions or exemptions. Under Connecticut Income Tax withholding rules effective on and after January 1, 2018, withholding **is mandatory** with respect to any Annuity payment made to a Connecticut resident.

THIS MEANS CONNECTICUT RESIDENTS ARE NOW REQUIRED TO COMPLETE AND RETURN THE ATTACHED FORM CT-W4P TO THE FUND OFFICE AS PART OF THE HARDSHIP APPLICATION PROCESS. The Annuity Fund will withhold any applicable amount from your hardship distribution according to your completed Form CT-W4P and Connecticut's withholding rules. If you fail to return the Form, Connecticut rules require that the Annuity Fund must withhold from any payment to you at the highest Connecticut marginal rate of 6.99%, without allowance for any exemptions. See Special Notice 2017(5) issued by Connecticut's DRS for further details (available at: <http://www.ct.gov/drs/lib/drs/publications/pubssn/2017/sn2017-5.pdf>).

You should consult with your tax advisor regarding any questions you may have about Form CT W-4P. In addition, you may wish to contact the State of Connecticut's Department of Revenue Services during business hours by calling 1-800-382-9463 (in Connecticut, but outside of Greater Hartford calling area only) or 860-297-5962 (from anywhere) or by writing to:

Department of Revenue Services
450 Columbus Boulevard, Suite 1
Hartford, CT 06103

PLEASE NOTE: If you do not have enough Connecticut Income Tax withheld from your hardship distribution, you may be required to pay estimated taxes in certain circumstances. Also, if you fail to have enough Connecticut Income Tax withheld and/or fail to pay estimated taxes, you may incur interest or penalties. Please consult your tax advisor.

Form CT-W4P
Withholding Certificate for Pension or Annuity Payments

Effective January 1, 2018



New withholding requirement: Effective January 1, 2018, a payer must withhold Connecticut income tax from taxable pension or annuity payments made to a Connecticut resident. You must complete this form for payments made on or after January 1, 2018, or your payer will withhold 6.99% of your payment.

Payee Instructions

- Read instructions on Page 2 before completing this form.
- If you or your spouse, or both, have more than one source of income, see *Check Your Withholding* on Page 2.

- Select the filing status you expect to report on your Connecticut income tax return. See instructions.
- Choose the statement that best describes your gross income.
- Enter the *Withholding Code* on Line 1 below.

Married Filing Jointly	Withholding Code
Our expected combined annual gross income is less than or equal to \$24,000 and no withholding is necessary.	E
My spouse has income subject to withholding and our expected combined annual gross income is greater than \$24,000 and less than or equal to \$100,500. See <i>Certain Married Individuals</i> , Page 2.	A
My spouse does not have income subject to withholding and our expected combined annual gross income is greater than \$24,000.	C
My spouse has income subject to withholding and our expected combined annual gross income is greater than \$100,500.	D
I have significant other income and wish to avoid having too little tax withheld.	D
Qualifying Widow(er) With Dependent Child	Withholding Code
My expected annual gross income is less than or equal to \$24,000 and no withholding is necessary.	E
My expected annual gross income is greater than \$24,000.	C
I have significant other income and wish to avoid having too little tax withheld.	D

Married Filing Separately	Withholding Code
My expected annual gross income is less than or equal to \$12,000 and no withholding is necessary.	E
My expected annual gross income is greater than \$12,000.	A
I have significant other income and wish to avoid having too little tax withheld.	D
Single	Withholding Code
My expected annual gross income is less than or equal to \$15,000 and no withholding is necessary.	E
My expected annual gross income is greater than \$15,000.	F
I have significant other income and wish to avoid having too little tax withheld.	D
Head of Household	Withholding Code
My expected annual gross income is less than or equal to \$19,000 and no withholding is necessary.	E
My expected annual gross income is greater than \$19,000.	B
I have significant other income and wish to avoid having too little tax withheld.	D

Separate here and give Form CT-W4P to the payer of your pension or annuity. Complete this form in blue or black ink only.

Do not mail to DRS. Keep a copy for your records.

Department of Revenue Services
 State of Connecticut

**Withholding Certificate for
 Pension or Annuity Payments**

2018 Form CT-W4P

1. Withholding Code: Enter *Withholding Code* letter chosen from above. 1. _____
2. Additional withholding amount per payment, if any. See Page 3 instructions. 2. \$ _____
3. Reduced withholding amount per payment, if any. See Page 3 instructions..... 3. \$ _____

First name	MI	Last name	Social Security Number
Home address (number and street, apartment number, suite number, PO Box)			Claim or identification number (if any) of your pension or annuity contract
City/town	State	ZIP code	

Declaration: I declare under penalty of law that I have examined this certificate and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for reporting false information is a fine of not more than \$5,000, imprisonment for not more than five years, or both.

Payee's signature	Date
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Payee General Instructions

Form CT-W4P, *Withholding Certificate for Pension or Annuity Payments*, is for Connecticut resident recipients of pension, annuities and certain other deferred compensation subject to Connecticut income tax. Form CT-W4P provides your payer with the necessary information to withhold the correct amount of Connecticut income tax from your pension or annuity payment to ensure that you will not be underwithheld or overwithheld.

Effective January 1, 2018, payers of taxable pension or annuity distributions are required to deduct and withhold income tax from such distributions. Payers must calculate the amount to withhold from such distributions using the same method that employers use to determine the amount to withhold from wages.

Complete Form CT-W4P by selecting a withholding code based on the filing status you expect to report on your Connecticut income tax return and the statement that best describes your gross income. Form CT-W4P for years 2017 and prior are obsolete.

For Connecticut income tax purposes, **gross income** means all income from all sources, whether received in the form of money, goods, property, or services, not exempt from federal income tax, and includes any additions to income from *Schedule 1* of Form CT-1040, *Connecticut Resident Income Tax Return* or Form CT-1040NR/PY, *Connecticut Nonresident and Part-Year Resident Return*.

Generally, the filing status you expect to report on your Connecticut income tax return is the same as the filing status you expect to report on your federal income tax return. However, special rules apply to married individuals who file a joint federal return but have a different residency status. Nonresidents and part-year residents should see the instructions to Form CT-1040NR/PY.

You can't designate a specific dollar amount to be withheld. Failure to give your payer a properly completed 2018 Form CT-W4P will result in 6.99% withholding from your payment(s).

Form CT-W4P will remain in effect until you submit a new one. You should complete a new Form CT-W4P if your tax situation changes, such as your filing status changes. You should furnish your payer with a new Form CT-W4P within ten days of the change.

These rules do not apply to lump sum distributions (distributions of the entire account balance). The withholding rate for lump sum distributions is 6.99%.

Check Your Withholding

You may be underwithheld if any of the following apply:

- You or your spouse, or both, have more than one source of income, whether or not subject to withholding;
- You qualify under *Certain Married Individuals* and do not use the *Supplemental Table* on Page 3 and Page 4; or

- You have substantial other income such as interest, dividends or capital gains.

If you are underwithheld, you should consider adjusting your withholding or making estimated payments using Form CT-1040ES, *Estimated Connecticut Income Tax Payment Coupon for Individuals*. You may also select *Withholding Code "D"* to elect the highest level of withholding.

If you owe \$1,000 or more in Connecticut income tax over and above what has been withheld from your income for the prior taxable year, you may be subject to interest on the underpayment at the rate of 1% per month or fraction of a month.

To help determine if your withholding is correct, see **Informational Publication 2018(7)**, *Is My Connecticut Withholding Correct?*

Certain Married Individuals

If you are a married individual filing jointly and you and your spouse both select *Withholding Code "A"*, you may have too much or too little Connecticut income tax withheld from your pension or annuity payment. This is because the phase-out of the personal exemption and credit is based on your combined incomes. The withholding tables cannot reflect your exact withholding requirement without considering the income of your spouse.

To minimize this problem, use the *Supplemental Table* on Page 3 and Page 4 to adjust your withholding. You are not required to use this table. **Do not** use the supplemental table to adjust your withholding if you use the worksheet in IP 2018(7).

Payer Instructions

For any payee who does not complete Form CT-W4P, you are required to withhold at the highest marginal rate of 6.99% without allowance for exemption. You are required to keep Form CT-W4P in your files for each payee. See **Informational Publication 2017(8)**, *Connecticut Tax Guide for Payers of Nonpayroll Amounts*, for complete instructions.

For More Information

Call DRS during business hours, Monday through Friday:

- 800-382-9463 (Connecticut calls outside the Greater Hartford calling area only); or
- 860-297-5962 (from anywhere).

TTY, TDD, and Text Telephone users **only** may transmit inquiries anytime by calling 860-297-4911.

Forms and Publications

Visit the DRS website at www.ct.gov/DRS to download and print Connecticut tax forms and publications.

**Supplemental Table
Married Couples Filing Jointly - Effective January 1, 2018**

For married couples who both select *Withholding Code "A"* on Form CT-W4P (combined income is \$100,500 or less).

Payment Frequency Table	
If you are paid:	Payments in a year:
Monthly	12
Quarterly	4
Semi-annual	2

- Reading across the top of the table, select the approximate annual pension or annuity income of one spouse. Reading down the left column, select the approximate annual pension or annuity income of the other spouse. See Page 4 for the continuation of this table.
- At the intersection of the two numbers is an adjustment amount. This is a yearly adjustment amount.
- To calculate the adjustment for each payment, complete the following worksheet.

3A. _____

3B. _____

3C. _____

- Adjustment amount
- Payments in a year: See Payment Frequency Table.
- Payments adjustment: Divide Line 3A by Line 3B.
- Payments adjustment: Divide Line 3A by Line 3B.

4. If the adjustment is positive, enter the adjustment amount from Line 3C on Form CT-W4P, Line 2, of one spouse. If the adjustment is negative, enter the adjustment amount in brackets from Line 3C on Form CT-W4P, Line 3, of one spouse.

Annual Payment	2,000	4,000	5,000	8,000	10,000	12,000	14,000	16,000	18,000	20,000	22,000	24,000	26,000
3,000	0	0	0	0	0	0	(15)	(42)	(99)	(156)	(248)	(318)	(485)
6,000	0	0	0	0	0	0	(15)	(42)	(99)	(141)	(225)	(295)	(414)
9,000	0	0	0	0	0	0	(15)	(42)	(77)	(119)	(182)	(252)	(368)
12,000	0	0	0	0	0	0	0	(12)	(54)	(98)	(153)	(218)	(334)
15,000	(23)	(23)	(23)	(23)	(15)	0	0	9	27	36	(24)	(70)	(162)
18,000	(99)	(99)	(99)	(84)	(69)	(54)	(6)	54	36	18	(42)	20	(111)
21,000	(203)	(195)	(180)	(165)	(129)	(54)	(3)	9	(9)	24	27	10	(87)
24,000	(325)	(310)	(295)	(232)	(145)	(106)	(82)	(70)	20	14	0	0	(12)
27,000	(586)	(550)	(475)	(409)	(370)	(331)	(256)	(181)	(170)	(142)	(113)	(6)	25
30,000	(792)	(705)	(666)	(627)	(588)	(441)	(405)	(347)	(319)	(206)	(87)	20	18
33,000	(956)	(917)	(878)	(788)	(686)	(618)	(548)	(447)	(312)	(156)	(75)	20	18
36,000	(1,167)	(1,128)	(981)	(930)	(845)	(760)	(605)	(414)	(279)	(156)	(75)	20	18
39,000	(1,403)	(1,364)	(1,217)	(1,166)	(1,081)	(996)	(841)	(650)	(515)	(380)	(245)	108	303
42,000	(1,644)	(1,605)	(1,458)	(1,407)	(1,322)	(1,237)	(1,082)	(931)	(806)	(671)	(546)	390	303
45,000	(1,890)	(1,851)	(1,704)	(1,653)	(1,568)	(1,483)	(1,328)	(1,177)	(1,052)	(917)	(782)	425	288
48,000	(2,141)	(2,102)	(1,955)	(1,904)	(1,819)	(1,734)	(1,579)	(1,428)	(1,303)	(1,168)	(1,033)	465	468
51,000	(2,397)	(2,358)	(2,211)	(2,160)	(2,075)	(1,990)	(1,835)	(1,684)	(1,559)	(1,424)	(1,289)	500	303
54,000	(2,658)	(2,619)	(2,472)	(2,421)	(2,336)	(2,251)	(2,096)	(1,945)	(1,820)	(1,685)	(1,550)	535	158
57,000	(2,924)	(2,885)	(2,738)	(2,687)	(2,602)	(2,517)	(2,362)	(2,211)	(2,086)	(1,951)	(1,816)	570	108
60,000	(3,195)	(3,156)	(3,009)	(2,958)	(2,873)	(2,788)	(2,633)	(2,482)	(2,357)	(2,222)	(2,087)	605	58
63,000	(3,471)	(3,432)	(3,285)	(3,234)	(3,149)	(3,064)	(2,909)	(2,758)	(2,633)	(2,498)	(2,363)	640	80
66,000	(3,752)	(3,713)	(3,566)	(3,515)	(3,430)	(3,345)	(3,190)	(3,039)	(2,914)	(2,779)	(2,644)	675	(12)
69,000	(4,038)	(4,000)	(3,853)	(3,802)	(3,717)	(3,632)	(3,477)	(3,326)	(3,201)	(3,066)	(2,931)	710	(62)
72,000	(4,329)	(4,291)	(4,144)	(4,093)	(4,008)	(3,923)	(3,768)	(3,617)	(3,492)	(3,357)	(3,222)	745	(112)
75,000	(4,625)	(4,587)	(4,440)	(4,389)	(4,304)	(4,219)	(4,064)	(3,913)	(3,788)	(3,653)	(3,518)	780	(162)
78,000	(4,926)	(4,888)	(4,741)	(4,690)	(4,605)	(4,520)	(4,365)	(4,214)	(4,089)	(3,954)	(3,819)	815	(212)
81,000	(5,232)	(5,194)	(5,047)	(4,996)	(4,911)	(4,826)	(4,671)	(4,520)	(4,395)	(4,260)	(4,125)	850	(262)
84,000	(5,543)	(5,505)	(5,358)	(5,307)	(5,222)	(5,137)	(4,982)	(4,831)	(4,706)	(4,571)	(4,436)	885	(312)
87,000	(5,859)	(5,821)	(5,674)	(5,623)	(5,538)	(5,453)	(5,298)	(5,147)	(5,022)	(4,887)	(4,752)	920	(362)
90,000	(6,180)	(6,142)	(5,995)	(5,944)	(5,859)	(5,774)	(5,619)	(5,468)	(5,343)	(5,208)	(5,073)	955	(412)
93,000	(6,506)	(6,468)	(6,321)	(6,270)	(6,185)	(6,100)	(5,945)	(5,794)	(5,669)	(5,534)	(5,399)	990	(462)
96,000	(6,837)	(6,799)	(6,652)	(6,601)	(6,516)	(6,431)	(6,276)	(6,125)	(6,000)	(5,865)	(5,730)	1,025	(512)
99,000	(7,173)	(7,135)	(6,988)	(6,937)	(6,852)	(6,767)	(6,612)	(6,461)	(6,336)	(6,201)	(6,066)	1,060	(562)

This table joins the table on Page 4.

**Supplemental Table
Married Couples Filing Jointly - Effective January 1, 2018**

For married couples who both select *Withholding Code "A"* on Form CT-W4P (combined income is \$100,500 or less).

Annual Payment	28,000	30,000	32,000	34,000	36,000	38,000	40,000	42,000	44,000	46,000	48,000	50,000	52,000
3,000	(647)	(752)	(866)	(1,007)	(1,148)	(1,148)	(1,136)	(1,158)	(1,163)	(1,125)	(1,023)	(992)	(1,031)
6,000	(525)	(666)	(807)	(948)	(981)	(1,020)	(1,025)	(1,030)	(950)	(822)	(720)	(722)	(761)
9,000	(467)	(608)	(698)	(776)	(888)	(893)	(855)	(753)	(630)	(540)	(450)	(452)	(491)
12,000	(408)	(441)	(570)	(665)	(760)	(680)	(552)	(450)	(360)	(270)	(180)	(182)	(221)
15,000	(258)	(370)	(465)	(518)	(506)	(383)	(293)	(203)	(113)	(23)	68	66	26
18,000	(224)	(319)	(329)	(291)	(279)	(189)	(98)	(9)	81	171	261	259	220
21,000	(158)	(146)	(113)	(113)	(113)	(23)	68	158	248	338	428	426	341
24,000	8	20	20	20	20	110	200	290	380	470	560	468	339
27,000	7	7	7	7	7	97	187	277	367	412	412	320	191
30,000	0	0	0	0	0	90	180	270	270	270	270	178	49
33,000	0	0	0	0	0	90	135	135	135	135	135	43	(86)
36,000	0	0	0	0	0	0	0	0	0	0	0	(92)	(221)
39,000	135	135	135	90	0	0	0	0	0	0	0	(92)	(221)
42,000	270	270	180	90	0	0	0	0	0	0	0	0	(221)
45,000	360	270	180	90	0	0	0	0	0	0	0	0	(132)
48,000	360	270	180	90	0	0	0	0	0	0	0	0	(147)
51,000	195	105	15	(75)	(165)	(165)	(165)	(165)	(165)	(76)	108	253	
54,000	50	(40)	(130)	(220)	(310)	(310)	(310)	(310)	(130)	58	210		
57,000	0	(90)	(180)	(270)	(360)	(360)	(271)	(87)	150				
60,000	(50)	(140)	(230)	(320)	(410)	(230)	(42)	110					
63,000	(120)	(210)	(300)	(301)	(207)	30							
66,000	(170)	(260)	(170)	(72)	(10)								
69,000	(131)	(37)	110										
72,000	98	160											

This table joins the table on Page 3.

SOUTHERN NEW ENGLAND CARPENTERS ANNUITY FUND

PARTICIPANT'S HARDSHIP WITHDRAWAL DISTRIBUTION APPLICATION

I, the undersigned Participant, hereby request a distribution from my Profit Sharing Account under the Annuity Fund, and I represent and acknowledge the following:

I certify:

- 1. That I have an immediate and heavy financial need which will be incurred within the twelve-month period following the date of this request.

To pay for medical expenses incurred by me, my spouse or a dependent whom I claim on my federal income tax return;

To pay educational expenses for attendance at an accredited institution beyond high school for me, my spouse or dependent whom I claim on my federal income tax return;

To purchase a principal residence; or

To avoid foreclosure or eviction; or

E. To pay for funeral expenses incurred by me because of the death of a spouse, child, brother, sister, parent, or spouse's parent; or

F. To pay for overdue State or Federal Income Taxes; or

G. To pay for outstanding debts and anticipated reasonable living expenses for immediate family if engaged in the Military Service.

- 2. That I require a distribution in the amount of \$_____ (must be at least \$1,000) net of any amounts which must be withheld to pay federal, state or local income taxes or penalties in connection with the following (check and complete all that are applicable):

_____ payment of medical expenses \$ _____

_____ educational expenses for myself/spouse/dependent for attendance at an accredited institution beyond high school for a period beginning _____ and ending _____. (not to exceed a twelve month period)..... \$ _____

_____ purchase of my principal residence \$ _____

_____ avoidance of foreclosure or eviction \$ _____

_____ payment of funeral expenses \$ _____

_____ payment of overdue federal or state tax \$ _____

_____ Military Service – expenses to pay debts and reasonable living expenses for family members \$ _____

3. That attached hereto are true and correct copies of all bills in connection with unreimbursed medical expenses, expenses in connection with attendance at an accredited institution beyond high school, funeral expenses, purchase contracts, mortgages or mortgage commitments and statements in connection with the purchase of my principal residence or notice of foreclosure or eviction, statement from IRS, CT DRS, or RI DR for overdue federal or state income taxes, and related documentation for debts or expenses if engaged in the Military Service.
4. That I will use this distribution solely for the hardship reasons represented in this application.
5. That this distribution will reduce the retirement benefits available to me and my spouse, if married, at retirement.
6. That I may not withdraw an amount in excess of the amount required to meet the applicable expense(s) outlined in paragraph 2, plus income and excise taxes.
7. That I may not receive more than \$70,000 in hardship distributions during my lifetime.
8. That if the distribution is not utilized for one of the hardship reasons, as stated above, for any reason whatsoever, I will accept full responsibility for any and all penalties, additional taxes or other consequences that may arise.
9. That the immediate and heavy financial need cannot be relieved from other resources that are reasonably available to me, such as insurance, liquidation of assets that are reasonably available, or by borrowing from commercial sources on reasonable terms.
10. That I have reviewed the loan rules of the Annuity Fund, and I have determined that a loan from my Annuity Fund account (consisting of employer contributions): (a) is not a viable option for me based on my current employment and/or financial situation, and (b) would serve to cause me further financial hardship. -
11. That I hereby agree to hold harmless the Board of Trustees of the Fund and its agents from any and all liability, costs and expenses (including attorney fees and court costs) for any claim, demand or legal action that may be brought against any of them.

Further, with respect to income tax and penalty matters and the actual amount of my hardship withdrawal, I acknowledge the following paragraphs 12-13:

12. I have been made fully aware that my entire hardship withdrawal is subject to income tax, it is not an "eligible rollover distribution" under the Internal Revenue Code, and it is not eligible for "rollover" treatment. I have also been made aware that my hardship withdrawal is subject to 10% federal income tax withholding unless I make an affirmative election to have a different percentage or amount withheld. I also understand that: (a) even if I elect to have no federal income tax withheld, I am still liable for federal income tax on my hardship withdrawal, and (b) I may also be subject to tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding are not adequate.

Further, I understand that a 10% excise tax will normally be imposed by the Internal Revenue Service (IRS) if I receive a distribution before age 59-½, *including a hardship withdrawal*. I also understand that I am fully responsible for paying any applicable taxes, excise tax(es) and any other penalty(ies) that may be applied by the IRS in connection with my receipt of a hardship withdrawal from the Fund.

13. If I do not have the Fund increase my federal income tax withholding by the amount estimated to be necessary to satisfy any applicable excise tax or penalty, I understand that I am responsible for reporting and paying any excise taxes or other penalties (including those that must be reported on IRS Form 5329) that may be associated with my hardship distribution.

This application must be signed and notarized at least 7 days and not more than 180 days prior to distribution. By signing this application, I confirm to the Fund that all information provided herein is true and correct.

(Signature of Member)

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public

My commission expires: _____

(See back of page for Spouse's Consent Form and /or Certification that Participant is Not Married.
MUST BE COMPLETED)

SOUTHERN NEW ENGLAND CARPENTERS ANNUITY FUND
(COMPLETE SECTION I OR II)

Note: This consent must be signed and notarized at least 7 days and not more than 180 days prior to the distribution.

I. SPOUSE'S CONSENT TO HARDSHIP DISTRIBUTION

I, the undersigned spouse of _____, hereby agree to the following:

1. I hereby consent to my spouse's election for a distribution from his/her Profit Sharing Plan for reasons of financial hardship allowed under the Southern New England Carpenters Annuity Fund (the "Fund").
2. I hereby acknowledge that I am fully aware that this distribution will reduce any future benefits that may be due to me and my spouse at retirement, or otherwise; and
3. I hereby agree to hold harmless the Board of Trustees of the Fund, and its agents from any and all costs and expenses for claims that may be brought against them in connection with my spouse's hardship distribution.

(Signature of Spouse)

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public

My commission expires: _____

II. CERTIFICATION THAT PARTICIPANT IS NOT MARRIED

I hereby certify and represent that I am not married, do not have a spouse, and will notify the Fund Office if I marry before the effective date of my distribution.

(Signature of Member)

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public

My commission expires: _____

**New England Carpenters Health Fund
Authorization to Disclose Protected Health Information**

Name of Individual (Please Print)

Social Security Number

Address of Individual

ALL OF THE FOLLOWING PARTS MUST BE COMPLETED

PART I: Authorized Person(s)

I authorize the Health Fund to disclose the PHI identified in Part II of this Form to the following person:
(please designate no more than one person and fill in his/her name and address)

- Fund Trustee or NERCC Council Rep. _____
- Attorney _____
- Other Person ANNUITY FUND PERSONNEL _____

Address of Authorized Person: _____

**COMPLETE THIS FORM
ONLY IF SUBMITTING
MEDICAL BILLS**

PART II: Description of the information to be used or disclosed

I authorize the Health Fund to disclose PHI (including written, electronic, or oral information) to the person(s) identified in Part I of this Form in connection with **(mark all that apply)**: (If you want different people to have access to different information, you must fill out separate forms.)

- All Claims and Eligibility Information
- All Claims Information
- All Eligibility Information
- Specific Medical, Dental, Vision, or Other Claim for Health Benefits as described below:

Provider: _____ Date(s) of Service: _____
Other (please be as specific as possible) _____

PART III: Purpose of use or disclosure

The purpose(s) for which the individual named in Part I of this Form may have access to my PHI is as follows: **(mark all that apply)**:

- Health care claims or appeals
- Payment for health care
- Coordination of benefits
- Health care claim status
- Subrogation and reimbursement
- Other event (please state what the event is): _____
- Coverage
- Eligibility for benefits
- Premiums and copayments
- Preauthorization
- Personal

PART IV: Termination of Authorization

This Form is valid for one year from signing or, if earlier, until the date or event I have indicated below or until I cancel the Form by completing a separate Cancellation of Authorization Form or signing the Cancellation of Authorization section on page 2.

_____ (Date or event)

PART V: Acknowledgment and Signature

I understand that:

- I HAVE THE RIGHT TO REFUSE TO SIGN THIS AUTHORIZATION FORM.
- I HAVE THE RIGHT TO REVOKE THIS FORM AT ANY TIME BY SUBMITTING A CANCELLATION OF AUTHORIZATION FORM TO THE BENEFITS OFFICE.
- CANCELLATION WILL TAKE EFFECT AS OF THE CANCELLATION DATE OR EVENT, OR ONCE THE BENEFITS OFFICE RECEIVES THE CANCELLATION OF AUTHORIZATION FORM.
- THE PERSON(S) I AM AUTHORIZING TO RECEIVE MY PHI MAY NOT BE REQUIRED TO TREAT THIS INFORMATION AS CONFIDENTIAL OR PROTECTED HEALTH INFORMATION.
- THE HEALTH FUND WILL PROVIDE A COPY OF THIS SIGNED AUTHORIZATION FORM TO ME.

Your Signature (or Signature of Personal Representative*)

Date

*If you are acting as the Personal Representative of the individual whose PHI is to be disclosed, you must have a Personal Representative Form on file with the Fund Office.

PART VI: Witness or Notary (Complete one)

Witness (Fund Office employee or Trustee only)¹

Signature

Date

(Print name)

OR

Notary Public

Personally appeared before me at _____, Connecticut, this ____ day of _____, 20__, the within named _____, who acknowledged that signing this Authorization Form was his or her free act and deed.

Notary Public

My commission expires: _____

Cancellation of Authorization (to be effective only after received by the Fund)

I hereby cancel my authorization to disclose protected health information to _____ effective immediately or as of _____.

Signature

Date

¹ A member of the Fund Office staff or a Trustee may witness the signature in person. Any signature not witnessed by Fund Office staff or a Trustee must be notarized.