

# HAWAII ELECTRICIANS VACATION & HOLIDAY FUND

1935 HAU STREET, ROOM 300 • HONOLULU, HAWAII 96819-5003 • PHONE (808) 841-6169 • FAX (808) 847-4596

## APPLICATION FOR TERMINATION BENEFITS

I hereby apply for all my benefits because of my termination from the Vacation & Holiday Plan for the following reason(s):

a. Leaving the jurisdiction of Local Union 1186, Hawaii Electricians for at least six months effective

\_\_\_\_\_

b. Totally disabled from \_\_\_\_\_, 20 \_\_\_\_\_.

c. Retiring from the electrical industry from \_\_\_\_\_, 20 \_\_\_\_\_.

d. Other (State reason below and submit all evidence or information for request):

\_\_\_\_\_  
\_\_\_\_\_

I understand that final payment may take 90 days from the date this application is received at the Fund Office and the amount I will receive will be the balance in my Vacation & Holiday account less applicable taxes.

Name (print) \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone No. \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

My Last Employer Was \_\_\_\_\_

Last Date at Work \_\_\_\_\_

(DO NOT WRITE BELOW. FOR FUND OFFICE USE ONLY)

Regular Vacation Benefit Amount \$ \_\_\_\_\_

Excess Vacation Benefit Amount \$ \_\_\_\_\_