



HAWAII ELECTRICIANS ANNUITY FUND

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

DOCUMENTATION GUIDE COVID-19 HARDSHIP DISTRIBUTION

Your Hardship Distribution application must include the following, or it will be considered incomplete:

1. Original completed application with Page 2 and Page 6 (if you are married) notarized;
2. Copy of your birth certificate, passport, or naturalization papers;
3. If married:
 - a. Copy of Marriage Certificate; and
 - b. Copy of spouse's birth certificate, passport, or naturalization papers;
4. If ever divorced, copies of all your Divorce Decrees;
5. The following documentation pertaining to your specific Hardship:

A. "I was diagnosed with the virus SARS-CoV-2 or with the disease COVID-19 by a test approved by the Centers for Disease Control and Prevention"

DOCUMENTATION NEEDED: Doctor's note for you.

B. "My legal spouse or dependent (as defined in Section 152 of the Internal Revenue Code of 1986) was diagnosed with the virus SARS-CoV-2 or with the disease COVID-19 by a test approved by the Centers for Disease Control and Prevention."

DOCUMENTATION NEEDED: Doctor's note for your spouse or dependent.

C. "I have experienced adverse financial consequences as a result of being quarantined, being furloughed or laid off, or having work hours reduced due to the virus SARS-CoV-2 or the disease COVID-19, being unable to work due to lack of child care due to such virus or disease, closing or reducing hours of a business owned or operated by the individual due to such virus or disease, or other factors as determined by the Secretary of the Treasury (or the Secretary's delegate)."

DOCUMENTATION NEEDED:

- **Quarantine:** Doctor's note or letter from employer directing you to quarantine;
- **Furloughed:** Letter from your employer confirming furlough;
- **Lack of child care:** Letter from care provider or school stating that their facilities are not open or that they are not able to provide services due to COVID-19;
- **Closing or reducing hours of a business owned or operated by the individual:** Declaration or letter stating that you reduced your hours or closed your business due to COVID-19.

Questions?

If you have questions, call our office at (808) 841-6169 ext. 307 or 317. Neighbor islands may call toll-free at (800) 622-3830.