



Unforeseeable Emergency Distribution Verification

(A completed distribution form must be included with or submitted prior to the submission of this form.)

Participant Information

First Name _____ MI _____ Last _____ Social Security # _____

Unforeseeable Emergency

I am requesting a distribution due to severe financial hardship for myself, a dependent, or an immediate family member resulting from:

1. ___ Illness or Accident, including related Medical Expenses
2. ___ Funeral Expenses
3. ___ Imminent Foreclosure or Eviction from Primary Residence
4. ___ Casualty Loss of Property (e.g., theft or natural disaster)

Amount requested: \$ _____

Explanation

You must provide documentation regarding the distribution requested. *The attached form provides guidelines as to what documentation is needed.* **You must include this documentation for us to process your request.** If you wish to provide additional information please include this below.

Authorization Signature

Under penalty of perjury I swear that the information provided on or attached to this form is true and correct to the best of my knowledge. **I also hereby swear that I cannot meet the amount requested by any other means, including loans from of my employer’s retirement plans, savings, investments, insurance or any other financial means available to me; or that by obtaining through such means will add to further hardship.**

SIGNATURE OF PARTICIPANT

DATE

Unforeseeable Emergency Distributions

Listed below are examples of the types of proof that can be provided to document the reasons for unforeseeable emergency distributions listed on the form. Note that the distribution can only be made if the event was unforeseeable, represents a severe financial hardship and the need for the funds cannot be met by any other means available to the participant, including (but not limited to) retirement plans, loans, savings or insurance.

(1) Illness or accident, including related medical expenses;

Example of Proof Required: If the employee has health insurance, the Explanation of Benefits (EOB) from the employee's Health Insurance Company, showing the participant's out-of-pocket medical expense. If the employee does not have health insurance, the billing or invoice for medical expenses for medical care that would be tax deductible on the employee's federal income tax form (whether or not the expenses exceed 7.5% of adjusted gross income).

(2) Funeral expenses for a member of the Participant's family;

Example of Proof Required: Billing for payments for burial and/or funeral expenses for the employee's deceased parent, spouse, children or dependents;

(3) The need to prevent the eviction of the Participant from his or her principal residence or foreclosure on the mortgage of the Participant's principal residence; or

Example of Proof Required: A letter or other notice from the employee's mortgage company or landlord showing the amount and date of payment(s) necessary to prevent the eviction of the employee from the employee's principal residence or foreclosure on the mortgage on that residence. The letter or notice must list the expected date of eviction or foreclosure.

(4) Casualty loss of property.

Example of Proof Required: Copy of insurance claim (if applicable); billing for expenses for the repair of damage to the employee's principal residence that would qualify for the casualty deduction on the employee's federal income tax form (whether or not the loss exceeds 10% of adjusted gross income).