ELIGIBILITY RULES

AND

REQUIREMENTS

FOR

U.A. Local 38 Vacation & Holiday Benefits
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FOR
U.A. LOCAL 38 VACATION/HOLIDAY BENEFITS

A. RULES FOR ELIGIBILITY:

1. The member must be a current active member ("the member") in U.A. Local Union 38 and not be working contrary to the U.A. Local 38 Collective Bargaining Agreement, requiring Vacation/Holiday Trust Fund employer contributions, or in violation of U.A. Local Union 38 by-laws or the United Association Constitution.

2. To receive Vacation/Holiday benefits, there must be hours reported from an employing contractor signatory to a U.A. Local Union 38 Collective Bargaining Agreement requiring employer contributions to be made to the U.A. Local 38 Vacation/Holiday Trust Fund.

B. AMOUNT OF BENEFITS TO BE PAID TO MEMBER:

1. Vacation benefits are paid to each member based on contributions received by the U.A. Local 38 Vacation/Holiday Trust Fund, on behalf of the member (hours worked x applicable contribution rate), for the work months April through March of the applicable Plan year (i.e. 4/1/11 – 3/31/12).

2. Holiday benefits are paid to each member based on contributions received by the U.A. Local 38 Vacation/Holiday Trust Fund, on behalf of the member (hours worked x applicable contribution rate) for the work months October through September (i.e. 10/1/11 – 9/30/12).

C. TIMING OF BENEFIT PAYMENTS:

1. Vacation benefits checks are issued the 1st Monday of June.

2. Holiday benefits checks are issued the 1st Monday of December.

D. ADVANCED DISTRIBUTIONS:

Members can request advances on their respective Vacation and/or Holiday benefits by submitting a written request to the Trust Fund office. Checks are then issued directly from the Trust Fund office and the Trust Fund’s third-party administrator (HS&BA) is notified, in writing, and the member’s Vacation and/or Holiday account is reduced by the amount of the disbursement.

The cut-off date for advance distributions is two (2) weeks prior to the dates the benefit checks are issued.
VACATION/HOLIDAY

Advance Request

(Please Print)

DATE: ____________________

MEMBER: ____________________

SOCIAL SECURITY: ____________________

Pick-Up Check: ☐ Mail: ☐ (If you choose “Mail” please provide address below)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Amount Requested: $ ____________________

Reason for Advance:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature: ____________________

Contact Phone #: ____________________