



Plumbers & Pipefitters of the Carolinas

Defined Contribution Plan

c/o National Employee Benefits
Administrators, Inc.
1 (800) 842-5899



Dear Participant:

With the ever increasing number of COVID-19 cases being reported, the Trustees of the Plan know that individuals have concerns over not just the health of their family, but also the impact of their families overall financial wellbeing. This letter will explain the circumstances under which the Defined Contribution Plan can make payments according to the CARES Act (“Act”) relief bill. Please review the following information carefully and contact the Fund Office if there are any questions. While the Act generally waives the 10% additional tax on early distributions from tax-qualified retirement plans for certain Coronavirus (“COVID-19”) related distributions, you should consult your own tax advisors to discuss any possible tax consequences for your particular financial situation.

- **Qualifications** — A COVID-19 related distribution means a distribution to:
 - an individual who tests positive for SARS-CoV-2 or COVID-19;
 - an individual whose spouse or dependent tests positive for SARS-CoV-2 or COVID-19; or
 - an individual who experiences adverse financial consequences as a result of being quarantined, furloughed or laid off or having work hours reduced, or being unable to work due to lack of child care, or closing or reducing hours of a business owned or operated by the individual, all due to the virus or disease.

In an effort to help ease the burden your family may be feeling in these uncertain times, the Trustees of the Plan have adopted a provision that will allow members who are impacted by one of the three (3) scenarios listed above to apply for a withdraw of up to \$2,000 per month from available funds in their DC accounts for the months of April and May 2020. If your account balance is less than \$2,000 your distribution will be for the amount of funds available at the time of the request. If you fall under any of the above listed scenarios, please complete and return the enclosed application to the Fund Office at your earliest convenience. You have the option of returning your completed form securely using NEBA’s Secure Upload feature on their website. Visit www.nebainc.com/421covid/ on your computer, tablet or smart phone to upload pictures of your completed form.

The Trustees of the Plan would like to note that, if you fall under one of the above listed scenarios, and have applied for unemployment benefits, the payment options available to you through the Plan are unrelated to any unemployment benefits you may currently be receiving.

ADMINISTRATIVE MANAGER:

National Employee Benefits Administrators, Inc.
1.800.842-5899 (Toll Free) • 954.266.6322 • 954.266.2079 (Fax)
www.nebainc.com

2010 N.W. 150th Ave, Suite 100
Pembroke Pines, FL 33028





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APPLICATION FOR BENEFITS/REQUEST FOR COVID-19 MONTHLY DISBURSEMENT

TO: The Board of Trustees

I hereby apply for the benefit and confirm that, due to COVID-19, I meet the following scenario(s): (check all that apply)

- I have tested positive for SARS-CoV-2 or COVID-19
- My spouse or dependent has tested positive for SARS-CoV-2 or COVID-19
- I am experiencing adverse financial consequences as a result of being quarantined, furloughed, laid off or having work hours reduced, or am unable to work due to lack of child care, or closing or reducing hours of a business owned by me

I hereby request for my benefit to be distributed as follows: (check one)

- Please process my disbursement with the standard 10% Federal Withholding Tax
- Please process my disbursement waiving the standard 10% Federal Withholding Tax (*I will consult my tax advisor on any tax implications for not withholding the standard 10% Federal Tax Withholding*)

EMPLOYEE INFORMATION (Please Print):				
Full Name of Employee:				
Social Security Number:				
Mailing Address:				
City:		State:		Zip Code:
Date of Birth:			Phone Number:	
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Email Address:	
Marital Status:				
Monthly Distribution Amount Requested (April 2020)			Monthly Distribution Amount Requested (May 2020)	

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SPOUSE INFORMATION (Please Print):

****If married, this section of the application must be completed before application can be accepted****

Full Name of Spouse:				
Mailing Address (if different):				
City:		State:		Zip Code:
Social Security Number:				
Date of Birth:		Date of Marriage:		

EMPLOYEE AUTHORIZATION

I understand that the Plumbers & Pipefitters of the Carolinas Defined Contribution Plan will rely on the information I have provided in this Application for Benefits/Request for Disbursement in processing my request. I further understand that I will be responsible for the accuracy of the information I have provided in the event any dispute arises with respect to the transaction.

In order to be eligible to receive benefits under this Plan, the Employee and their spouse must sign below and have the signature(s) witnessed before a Notary Public:

Participant's Signature _____ Date _____

Print Employee Name _____

Spouse's Signature _____ Date _____

Print Spouse Name _____

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STATE OF _____)

_____)

COUNTY OF _____)

Subscribed and sworn before me this _____ day of _____, 20____ by _____, who is

personally known to me or produced _____ as identification.

By: _____ Notary Public, State of _____

My Commission Expires _____

In order to expedite the processing of your application, you may return the application by using NEBA’s Secure File Upload. Visit <https://www.nebainc.com/send-secure-file/> to use the Secure File Upload. If you visit the site on your mobile device you can use your device camera to upload photos of the application pages. Photos must be clear enough to read and you must include a photo of all pages of the application. Alternatively, you may also fax a copy of the completed form to (954) 266-2079.

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