



Slavic Integrated Administration
1075 Broken Sound Parkway NW, Suite 100
Boca Raton, FL 33487-3540
Phone: 800-356-3009
Fax: 561-241-1070

Allow 3-4 weeks for processing

HARDSHIP REQUEST

CHECK IF ADDRESS HAS CHANGED CHECK FOR OVERNIGHT MAIL
 (\$20.00 fee will be deducted from your account)

Date: _____ PEO/Payroll Company: _____

Name: _____ Worksite Employer: _____

SS#: _____ Reason for Hardship: _____

Home Address: _____ Daytime Phone: _____

_____ Email Address: _____

Amount Requested: \$ _____ * (Subject to \$40.00 Distribution Fee)
You are eligible only for the amount for which proof is provided

Optional Federal Income Tax withholding: _____ 20% _____ 30%

Note: Only employee contributions may be used for a Hardship distribution. This excludes any earnings on contributions, employer match, or profit sharing.

Do you have an outstanding 401(k) loan? YES _____ NO _____

Are you still employed with the above worksite employer? YES _____ NO _____

***Please Note Hardship withdrawals are regulated by the Internal Revenue Service.**
PROOF MUST BE CURRENT AND HAVE AMOUNT OWED CIRCLED. DEPENDENTS ARE INCLUDED.

1. ***Medical Expenses (Dental is not covered).***
2. ***Purchase of a Primary home (signed and dated copy of good faith note or sales contract).***
3. ***Post Secondary Education (college tuition, housing, books, etc.).***
4. ***To avoid eviction from the primary home (copy of official court document for eviction/foreclosure initiated by bank, mortgage company or landlord).***
5. ***Funeral Expenses***

Hardship distributions may be subject to a 10% penalty and the distribution amount is taxable as income. Both are reported on your Federal Income Tax return, Form 1040. Your employee contributions to your 401(k) will cease for 6 months from the date you take a Hardship distribution. **It is your responsibility to start contributions again.**

 Participant Signature

 Date