



# NECA-IBEW Welfare Trust Fund

2120 Hubbard Avenue, Decatur, Illinois 62526-2871

Phone: (800) 765-4239 Fax: (217) 875-1487 Website: [www.neca-ibew.org](http://www.neca-ibew.org)

## Voluntary Hours Donation Program Hours Transfer Form

Please complete this form if you wish to donate hours in your hour bank under the Voluntary Hours Donation Program to a fellow Participant who is unable to work because of a catastrophic illness or injury to the Participant or the Participant's Immediate Family. In order to help a fellow Participant's family, the program also permits Participants to donate hours in the event of a Participant's death; provided the deceased Participant was eligible for coverage at the time of his/her death. Please refer to the Summary Plan Description for more information regarding the Voluntary Hours Donation Program. To submit this form, it must be mailed or faxed to the Fund Office by either of the means listed above. (No emailed claims will be accepted.)

DONATING PARTICIPANT'S INFORMATION			
Name:		ID#/SSN:	Date of Birth: / /
Address:		City:	State: Zip:
Home Phone:	Cell Phone:	Email:	

### IDENTIFY THE PARTICIPANT TO RECEIVE THE DONATED HOURS

Receiving Participant's Full Name:

### SPECIFY THE AMOUNT OF HOURS YOU WISH TO DONATE (Initial one box below)

<input type="checkbox"/>	I wish to donate _____ (insert amount) hours	Only full hours can be donated
<input type="checkbox"/>	I wish to donate the maximum amount of hours under the Voluntary Hours Donation Program	The maximum amount of hours eligible to donate is 25% of the hours in the donating Participant's hour bank, as of the date of the donation

### NOTICE

The amount donated may be limited by the maximum balance permitted to be accumulated in the receiving Participant's Hour Bank (840 hours/six months of Eligibility). Additionally, the Welfare Fund will process Hours Transfer Form on the 20<sup>th</sup> day of each month (or the following business day). In event that multiple forms are received for the same receiving Participant prior to the processing date, then the Welfare Fund will ratably adjust the hours donated so that each donating Participant donates the pro-rata share of hours they wish to donate. Hours donated to a receiving Participant will be effective the month following the month in which this form is received by the Fund Office provided that this form is received by the Fund on or before the 15<sup>th</sup> day of each calendar month. If this form is received by the Fund after the 15<sup>th</sup> day of the month, then it will be processed the following month.

### SIGNATURE AND AUTHORIZATION

I understand that my decision to donate hours is voluntary and that the donation of hours by me is final and irrevocable. I further understand that the Welfare Fund will verify the receiving Participant's eligibility to receive donated hours before hours are transferred/donated. I also recognize and understand that donating hours in my hour bank will affect my eligibility for benefits. Subject to the foregoing, I hereby authorize the Welfare Fund to transfer the amount of hours specified above (or the adjusted pro-rated hours, if applicable), and hereby agree to donate such hours to the Participant identified above knowing that my decision is final and irrevocable.

Donating Participant's Signature:

Date: / /