



Slavic Integrated Administration
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Allow 3-4 weeks for processing

HARDSHIP REQUEST

Date : _____ PEO/Payroll Company: _____

Name: _____ Worksite: _____

SS#: _____ Reason for hardship: _____

Home address: _____ Daytime Phone Number: _____

_____ Email address: _____

Amount Requested: \$ _____ (Subject to \$40.00 Distribution fee.)

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 work site 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 (copy of medical bill(s) not covered by insurance (Dental is not covered).***
2. ***Purchase of a Primary home (signed and dated copy of good faith note or sales contract).***
3. ***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 co. or landlord).***
5. ***Funeral Expenses***

Hardship distributions are 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) must cease for 6 months from the date you take a hardship distribution. **It is your responsibility to start contributions again.**

 Participants signature

 Date