

IRON WORKERS LOCAL 60

BENEFIT PLANS

TRUSTEES:

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NYS PAID SICK LEAVE WAIVER

This waiver must be completed before each distribution.

Pursuant to Article V, section 24 of the Restated Agreement and Declaration of Trust of the Iron Workers Local Union No. 60 Supplemental Benefit Plan; Section 13 Sick Leave Benefit; "Rollover of Benefits"

I (print name) _____ hereby give Iron Workers local 60 permission to distribute my Sick Pay balance to my Health Reimbursement Account (HRA). Distributions will be made in the first week of July and the first week of December each year. I acknowledge that it is my responsibility to fill out this waiver prior to each distribution. This waiver must be received by our fund office no later than June 30th or November 30th of the year of the distribution.

Date _____

Address _____

Membership No. _____

Signature _____