



North Atlantic States CARPENTERS ANNUITY FUND

Connecticut Office
10 Broadway
Hamden, CT 06518
Phone: 800-922-6026
Fax: 203-230-2457
carpentersfund.org

New York Office
270 Motor Parkway
Hauppauge, NY 11788
Phone: 631-952-9700
Fax: 631-952-9813
carpentersfund.org

EXPLANATION OF HARDSHIP WITHDRAWAL DISTRIBUTION

A Participant may withdraw up to one-half (50%) of his or her Profit Sharing Account Balance to cover expenses incurred as outlined below due to financial hardship. "Profit Sharing Account Balance" basically means a Participant's account balance attributable to contributions and earnings after March 31, 1998. It is determined by taking a Participant's total account balance at any time after March 31, 1998, reduced by the account balance as of March 31, 1998. The minimum amount for a Hardship Distribution is \$1,000. A Participant may not receive more than \$70,000 in Hardship Distributions during his or her lifetime. The \$70,000 lifetime maximum includes any amounts withheld by the Fund to pay federal, state or local income taxes and amounts withdrawn to satisfy applicable excise taxes or penalties.

NOTE: Whenever possible, we will issue hardship distributions in a joint check. So if your application is for federal taxes, the check will be to you and the IRS. If your application is for foreclosure by your lender, the check will be to you and your lender. If your application is for tuition, the check will be to you and the school.

A financial hardship must be one of the following events:

- A. **MEDICAL EXPENSES** - payment of medical expenses incurred by the Participant, Spouse or Dependent not covered by another party such as an insurance plan, employee health plan or governmental plan, as well as amounts necessary to enable such an individual to obtain medical care, which may include up to eighteen (18) months of COBRA premiums or up to twelve (12) months of self-pay premiums for coverage under the North Atlantic States Carpenters Health Benefits Fund. **The evidence which must be submitted includes itemized statements for medical services or one or more Explanation of Benefit Forms showing unpaid amounts, amounts required to be paid for medical care and COBRA or self-pay documentation.**

If your Hardship Application is for medical bills, the enclosed Authorization Form to Disclose Protected Health Information must be completed and returned with the Application.

- B. **TUITION AND ROOM & BOARD EXPENSES** up to the next 12 months - for the Participant, Spouse or Dependent for attendance at an accredited educational institution beyond high school. The evidence which must be submitted is a bill or receipt from the school which indicates the amount required for tuition and/or room & board.
- C. **EXPENSES OF PURCHASING A HOME** (other than mortgage payments) which will be the Participant's primary residence. The evidence which must be submitted is a copy of the pre-approval mortgage commitment letter **or** mortgage commitment letter **and** a sales contract signed by both the buyer and seller.
- D. **AVOIDANCE** of a mortgage foreclosure on a primary residence of the Participant or avoidance of eviction of the Participant from a rental property which is his or her primary residence. The evidence which must be submitted consists of a recent: (1) mortgage statement from the Participant's lender which documents the mortgage is in arrears and the amount owed, or (2) a notarized letter from the Participant's Landlord or Property Manager which outlines that the Participant is late in his/her rent, the number of month(s) he/she is late, and a breakdown of the total amount owed.

Hardship Withdrawals to prevent Eviction are limited to **once in a lifetime**. Hardship Withdrawals for Foreclosure are limited to **twice in a lifetime**.

- E. **FUNERAL EXPENSES** - incurred by the Participant due to the death of his or her Spouse, child, brother, sister, parent, or Spouse's parent. **The evidence which must be submitted is a bill or receipt addressed to the Participant indicating the amount required for the funeral expenses, along with a copy of the deceased person's death certificate.**

- F. **INCOME TAXES** – permitted **once in a lifetime** to cover overdue state or federal income taxes and related interest and penalties owed by a Participant. The evidence which must be submitted is a past-due bill from the Internal Revenue Service, or the applicable tax authority of the relevant State or Commonwealth (for example, Connecticut Department of Revenue Services, or Massachusetts Department of Revenue or the Rhode Island Department of Revenue. **Note that amounts required to pay personal property taxes (e.g., real estate and/or motor vehicle) are NOT allowed as a hardship under this category.**
- G. **MILITARY SERVICE OUTSIDE OF NORTH AMERICA** – withdrawals to cover outstanding debts and anticipated reasonable living expenses for immediate family remaining at home. **The evidence which must be submitted are copies of applicable outstanding bills and bills for common living expenses, along with the Participant’s military orders.**

FEDERAL INCOME TAX WITHHOLDING - The Plan is required by law to withhold federal income taxes from a hardship distribution at a 10% rate unless you elect otherwise (see the “Federal Income Tax Withholding Election” Form), and, depending upon your age, you may be responsible for the payment of certain excise taxes and/or penalties in connection with such a distribution. See the attached notice entitled: “Special Tax Notice Regarding Plan Payments” for more information. For Federal Income Tax purposes, you should be aware that this Plan is a Defined Contribution Pension Plan and is “Qualified” under the rules of the Internal Revenue Code. You may increase your hardship withdrawal request to include taxes attributable to the distribution.

CONNECTICUT INCOME TAX WITHHOLDING - Effective on and after January 1, 2018, with respect to Connecticut residents, the Plan is required to deduct and withhold applicable state income tax from any distribution you receive (which will be forwarded to Connecticut’s Department of Revenue Services). Connecticut has issued an updated Form to implement these rules, specifically Form CT-W4P. If you are NOT a Connecticut resident, this rule does not apply. Please note that a Connecticut resident’s failure to return a completed Form CT-W4P along with his or her Application will result in the Fund having to withhold at the highest Connecticut marginal rate of 6.99%, without allowance for any exemptions.

DETERMINATION OF ACCOUNT BALANCES; TIMING OF A HARDSHIP DISTRIBUTION - Profit Sharing Account balances can be determined on a daily basis, reflecting net earnings or losses as of the end of the Plan’s prior fiscal year (December 31st) and contributions received after that. The amount of hardship distribution is based upon several factors, including your Profit Sharing Account balance, the amount of taxes withheld, and the information provided on your hardship distribution request form. Participants who are eligible for a hardship distribution will be paid as soon as administratively possible after your hardship distribution request is approved by the Board of Trustees or their Co-Chairs at their regular meeting and then processed by the Fund Office. Therefore, you should submit all required information to the Fund Office on a timely basis.

SHOULD I CONSIDER A PLAN LOAN? - Yes, you should. Loans are available under the terms of the North Atlantic States Carpenters Annuity Plan from your account consisting of employer contributions for the events listed in items A through E, above; however, they are *not* available for the items listed in F or G. Loans provide you with the ability to pay your Annuity Plan account back over a set period (normally a maximum of five years) and do not create immediate tax implications, *but there can be adverse tax consequences if you are late in making a loan payment.* We always encourage you to contact a tax advisor when taking any type of distribution or loan from the Annuity Plan, and you should consider your options carefully. Contact the Fund Office if you need further information about loans or a Loan Application packet.



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Phone: 631-952-9700
Fax: 631-952-9813
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Must be completed by member and returned to Fund Office with supporting documentation.

Name (Please Print)

Local Union No.

Social Security Number

Date of Birth

Signature

Current Address

Street

Apt.

Town

State

Zip Code

Telephone Number

Date Signed _____

IMPORTANT: Your application must be received in the Fund Office no later than _____. A check will be issued on or about the last week of the month following approval of your application.

Form W-4RDepartment of the Treasury
Internal Revenue Service**Withholding Certificate for Nonperiodic Payments and
Eligible Rollover Distributions**

Give Form W-4R to the payer of your retirement payments.

OMB No. 1545-0074

2025

1a First name and middle initial	Last name	1b Social security number
Address		
City or town, state, and ZIP code		

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2 Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	2	%
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**Sign
Here**

Your signature (This form is not valid unless you sign it.)

Date

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.**Purpose of form.** Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular

intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.**2025 Marginal Rate Tables**

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
15,000	10%	30,000	10%	22,500	10%
26,925	12%	53,850	12%	39,500	12%
63,475	22%	126,950	22%	87,350	22%
118,350	24%	236,700	24%	125,850	24%
212,300	32%	424,600	32%	219,800	32%
265,525	35%	531,050	35%	273,000	35%
641,350*	37%	781,600	37%	648,850	37%

* If married filing separately, use \$390,800 instead for this 37% rate.

General Instructions (continued)

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2025, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding.

Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- Qualifying “hardship” distributions;
- Distributions required by federal law, such as required minimum distributions;
- Distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate's employer identification number (EIN) in the area reserved for “Social security number.”

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$65,000 without the payment. Step 1: Because your total income without the payment, \$65,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$85,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$61,000 without the payment. Step 1: Because your total income without the payment, \$61,000, is greater than \$26,925 but less than \$63,475, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$81,000, is

greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. The two rates differ. \$2,475 of the \$20,000 payment is in the lower bracket (\$63,475 less your total income of \$61,000 without the payment), and \$17,525 is in the higher bracket (\$20,000 less the \$2,475 that is in the lower bracket). Multiply \$2,475 by 12% to get \$297. Multiply \$17,525 by 22% to get \$3,856. The sum of these two amounts is \$4,153. This is the estimated tax on your payment. This amount corresponds to 21% of the \$20,000 payment (\$4,153 divided by \$20,000). Enter "21" on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s).

Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.


The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Form CT-W4P
Withholding Certificate for Pension or Annuity Payments

2025

Purpose: Form CT-W4P is for Connecticut resident recipients of pensions, annuities, and certain other deferred compensation, to tell payers the correct amount of Connecticut income tax to withhold. Read the instructions on Page 2 before completing this form.

 Effective January 1, 2025, new legislation no longer requires payers to withhold income tax from certain retirement income distributions. Payers are still required to withhold income tax from lump sum distributions. A "lump sum distribution" is defined as any distribution greater than \$5,000 or more than 50% of the payee's entire account balance, whichever is less. Payees may request the payer to withhold income tax withholding by completing Form CT-W4P.

Instructions for payees requesting payers to withhold income tax from distributions or payees receiving lump sum distributions:

Step 1: (Required) Select the filing status and description of income from the chart below that best matches your situation. Enter the corresponding Withholding Code on Line 1.

Step 2: (Optional) To see the amount of tax that will be withheld monthly, see the *Monthly Connecticut Withholding Calculator* in **myconnect** at portal.ct.gov/DRS-myconnect.

Step 3: (Optional) To increase or decrease the amount that will be withheld, enter an additional amount on Line 2, or a reduction amount on Line 3.

Instructions for Nonperiodic Payments, such as an on demand distribution: Do not use the chart below. Either enter *Withholding Code "E"* on Line 1 which will result in \$0 withholding; or enter *Withholding Code "E"* on Line 1 and a dollar amount on Line 2 for a specific amount to be withheld. If neither of these options are indicated, your payer will withhold at 6.99%.

Married Filing Jointly	Withholding Code
Our expected combined annual gross income is less than or equal to \$24,000 or no withholding is necessary (i.e., withholding from other income source).	E
My spouse has income subject to withholding and our expected combined annual gross income is greater than \$24,000 and less than or equal to \$100,500.	A
My spouse does not have income subject to withholding and our expected combined annual gross income is greater than \$24,000.	C
My spouse has income subject to withholding and our expected combined annual gross income is greater than \$100,500.	D
I have significant other income and wish to avoid having too little tax withheld.	D

Qualifying Surviving Spouse	Withholding Code
My expected annual gross income is less than or equal to \$24,000 or no withholding is necessary (i.e., withholding from other income source).	E
My expected annual gross income is greater than \$24,000.	C
I have significant other income and wish to avoid having too little tax withheld.	D

Married Filing Separately	Withholding Code
My expected annual gross income is less than or equal to \$12,000 or no withholding is necessary (i.e., withholding from other income source).	E
My expected annual gross income is greater than \$12,000.	A
I have significant other income and wish to avoid having too little tax withheld.	D

Single	Withholding Code
My expected annual gross income is less than or equal to \$15,000 or no withholding is necessary (i.e., withholding from other income source).	E
My expected annual gross income is greater than \$15,000.	F
I have significant other income and wish to avoid having too little tax withheld.	D

Head of Household	Withholding Code
My expected annual gross income is less than or equal to \$19,000 or no withholding is necessary (i.e., withholding from other income source).	E
My expected annual gross income is greater than \$19,000.	B
I have significant other income and wish to avoid having too little tax withheld.	D

Submit completed form to the payer of your pension or annuity, not DRS.

Department of Revenue Services
State of Connecticut

**Withholding Certificate for
Pension or Annuity Payments**

2025 Form CT-W4P

Complete the following applicable lines.

1. Withholding Code: See instructions above. 1. _____
2. Additional withholding amount per payment, if any. 2. \$ _____
3. Reduced withholding amount per payment, if any. 3. \$ _____

First name	MI	Last name	Social Security Number
Home address (number and street, apartment number, suite number, PO Box)			Claim or Identification number (if any) of your pension or annuity contract
City/town	State	ZIP code	

Declaration: I declare under penalty of law that I have examined this certificate and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for reporting false information is a fine of not more than \$5,000, imprisonment for not more than five years, or both.

Payee's signature	Date
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Form CT-W4P Instructions

Payee General Instructions

Form CT-W4P, Withholding Certificate for Pension or Annuity Payments, is for Connecticut resident recipients of pension, annuities and certain other deferred compensation subject to Connecticut income tax. Form CT-W4P provides your payer with the necessary information to withhold the requested amount of Connecticut income tax from your pension or annuity payment to ensure that you will not be underwithheld or over withheld.

Distributions subject to Connecticut income tax include taxable distributions from the following: an employer pension, an annuity, a profit-sharing plan, a stock bonus, a deferred compensation plan, an individual retirement arrangement (IRA), an endowment and a life insurance contract. Non-taxable distributions (for example, most distributions from Roth 401(k) or Roth IRA accounts) are not subject to Connecticut income tax.

Connecticut uses the federal definition for periodic and nonperiodic payments.

Periodic and Nonperiodic Payments: Excluding Lump Sum Distributions: Payers of taxable pension or annuity distributions are not required to deduct and withhold the income tax from such distributions. Payees may request the payer to deduct and withhold an amount from such distributions by completing Form CT-W4P. The income tax withheld is calculated using the same method that an employer uses to determine the amount to withhold from wages.

Determining your withholding code: When completing Form CT-W4P, you must first determine your withholding code. Your withholding code is based on the filing status you expect to report on your Connecticut income tax return and the statement that best describes your annual gross income.

Your annual gross income is your total income from all sources. In calculating your total income from all sources, you may deduct 100% of the income received from certain pensions and annuities, such as from a defined benefit plan, 401(k), 403(b) plans as follows:

- For single, married filing separately, or head of household filers with federal adjusted gross income (AGI) for the taxable year of less than \$75,000. For federal adjusted gross income at least \$75,000 but less than \$100,000, the deduction is gradually phased out until it is fully phased out at \$100,000 for these filers.
- For married filing jointly or qualifying surviving spouse filers with federal adjusted gross income (AGI) for the taxable year of less than \$100,000. For federal adjusted gross income at least \$100,000 but less than \$150,000, the deduction is gradually phased out until it is fully phased out at \$150,000 for these filers.
- *In the case of the IRA deduction (other than Roth IRAs), the deduction calculated above applies to 50% of the IRA income.*

For more information, see **Informational Publication 2025(7), Is My Connecticut Withholding Correct?**

- If you receive payments from the Teachers' Retirement System, exclude 50% of the amounts received. If your federal AGI is below the applicable threshold you may claim either the teachers' pension subtraction modification or the pension and annuity subtraction modification, whichever is greater.

Lump Sum Distributions: Withholding is required, unless any portion of the lump sum distribution was previously subject to tax (distribution from Roth 401(k) or Roth IRA accounts), or the lump sum distribution is a trustee-to-trustee transfer or is a direct roll over in the form of a check made payable to another qualified account.

If you receive a Lump Sum Distribution and do not want to have income tax withheld, do not use the chart on Page 1. Enter Withholding Code "E" on Line 1 resulting in \$0.00 withholding.

Failure to give your payer a properly completed Form CT-W4P for lump sum distributions will result in 6.99% withholding from your payment(s).

Form CT-W4P will remain in effect until you submit a new one. You should complete a new Form CT-W4P if you would like the payer to withhold a different amount or your tax situation changes, such as your filing status.

Check Your Withholding

You may be underwithheld if any of the following apply:

- You have more than one source of income;
- If your filing status is married filing jointly and you or your spouse, or both, have more than one source of income; or
- You have substantial other income such as interest, dividends or capital gains.

If you are underwithheld, you should consider adjusting your withholding or making estimated payments using **Form CT-1040ES, Estimated Connecticut Income Tax Payment Coupon for Individuals**.

If you owe \$1,000 or more in Connecticut income tax over and above what has been withheld from your income for the prior taxable year, you may be subject to interest on the underpayment at the rate of 1% per month or fraction of a month.

To help determine if your withholding is correct, see **Informational Publication 2025(7), Is My Connecticut Withholding Correct?**

Payer Instructions

Lump Sum Distributions: For any payee who does not complete Form CT-W4P, for a lump sum distribution, you are required to withhold at the highest marginal rate of 6.99% without allowance for exemption from any taxable distribution.

Periodic and Non-Periodic Distribution – Excluding Lump Sum Distributions: For any payee who does not complete Form CT-W4P, no amount shall be withheld.

For additional instructions, see **Informational Publication 2025(8), Connecticut Tax Guide for Payers of Nonpayroll Amounts**.



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PARTICIPANT'S HARDSHIP WITHDRAWAL DISTRIBUTION APPLICATION

I, the undersigned Participant, hereby request a distribution from my Profit Sharing Account under the Annuity Fund, and I represent and acknowledge the following:

I certify:

1. That I have an immediate and heavy financial need which will be incurred within the twelve-month period following the date of this request.

- A. To pay for medical expenses incurred by me, my spouse or a dependent whom I claim on my federal income tax return.
- B. To pay educational expenses for attendance at an accredited institution beyond high school for me, my spouse, or dependent whom I claim on my federal income tax return.
- C. To purchase a principal residence; or
- D. To avoid foreclosure or eviction; or
- E. To pay to funeral expenses incurred by me because of the death of a spouse, child, brother, sister, parent, or spouse's parent; or
- F. To pay for overdue Federal or State Income Taxes; or
- G. To pay for outstanding debts and anticipated reasonable living expenses for immediate family if engaged in the Military Service.

2. That I require a distribution in the amount of \$_____ (must be at least \$1,000) net of any amounts which must be withheld to pay federal, state, or local income tax or penalties in connection with the following (check and complete all that are applicable):

_____ payment of medical expenses.....	\$_____
_____ educational expenses for myself/spouse/dependent for attendance at an accredited institution beyond high school for a period beginning _____ and ending _____. (not to exceed a twelve-month period).....	\$_____
_____ purchase of my primary residence	\$_____
_____ avoidance of foreclosure or eviction	\$_____
_____ payment of funeral expenses	\$_____
_____ payment of overdue federal or state tax	\$_____
_____ Military Service – expenses to pay debts and reasonable living expenses for family members	\$_____

3. That attached hereto are true and correct copies of all bills in connection with unreimbursed medical expenses, expenses in connection with attendance at an accredited institution beyond high school, funeral expenses, purchase contracts, mortgages or mortgage

commitments and statements in connection with the purchase of my principal residence or notice of foreclosure or eviction, statement from IRS, CT DRS, RI DRS or NY DRS for overdue federal or state income taxes, and related documentation for debts or expenses if engaged in the Military Service.

4. That I will use this distribution solely for the hardship reasons represented in this application.
5. That this distribution will reduce the retirement benefits available to me and my spouse, if married, at retirement.
6. That I may not withdraw an amount in excess of the amount required to meet the applicable expense(s) outlined in paragraph 2, plus income and excise taxes.
7. That I may not receive more than \$70,000 in hardship distributions during my lifetime.
8. That if the distribution is not utilized for one of the hardship reasons, as stated above, for any reason whatsoever, I will accept full responsibility for any and all penalties, additional taxes or other consequences that may arise.
9. That the immediate and heavy financial need cannot be relieved from other resources that are reasonably available to me, such as insurance, liquidation of assets that are reasonably available, or by borrowing from commercial sources on reasonable terms.
10. That I have reviewed the loan rules of the Annuity Fund, and I have determined that a loan from my Annuity Fund account (consisting of employer contributions): (a) is not a viable option for me based on my current employment and/or financial situation, and (b) would serve to cause me further financial hardship.
11. That I hereby agree to hold harmless the Board of Trustees of the Fund and its agents from any and all liability, costs and expenses (including attorney fees and court costs) for any claim, demand or legal action that may be brought against any of them.

Further, with respect to income tax and penalty matters and the actual amount of my hardship withdrawal, I acknowledge the following paragraphs 12-13.

12. I have been made fully aware that my entire hardship withdrawal is subject to income tax, it is not an “eligible rollover distribution” under the Internal Revenue Code, and it is not eligible for “rollover” treatment. I have also been made aware that my hardship withdrawal is subject to 10% federal income tax withholding unless I make an affirmative election to have a different percentage or amount withheld. I also understand that: (a) even if I elect to have no federal income tax withheld, I am still liable for federal income tax on my hardship withdrawal, and (b) I may also be subject to tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding are not adequate.

Further, I understand that a 10% excise tax will normally be imposed by the Internal Revenue Service (IRS) if I receive a distribution before age 59 1/2, including a hardship withdrawal. I also understand that I am fully responsible for payment of any applicable taxes, excise tax(es) and any other penalty(ies) that may be applied by the IRS in connection with my receipt of a hardship withdrawal from the Fund.

13. If I do not have the Fund increase my federal income tax withholding by the amount estimated to be necessary to satisfy any applicable excise tax or penalty, I understand that I am responsible for reporting and paying any excise taxes or other penalties (including those that must be reported on IRS Form 5329) that may be associated with my hardship distribution.

This application must be signed and notarized at least 7 days and not more than 180 days prior to distribution.
By signing this application, I confirm with the Fund that all information provided herein is true and correct.

Signature of Member

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

My commission expires: _____

(See back of page for Spouse's Consent Form and/or Certification that Participant is Not Married.
MUST BE COMPLETED).

(COMPLETE SECTION I OR II)

NOTE: This consent must be signed and notarized at least 7 days and not more than 180 days prior to the distribution.

I. SPOUSE'S CONSENT TO HARDSHIP DISTRIBUTION

I, the undersigned spouse of _____, hereby agree to the following:

1. I hereby consent to my spouse's election for a distribution from his/her Profit Sharing Plan for reasons of financial hardship allowed under the North Atlantic States Carpenters Annuity Fund (the "Fund").
2. I hereby acknowledge that I am fully aware that this distribution will reduce any future benefits that may be due to me and my spouse at retirement, or otherwise; and
3. I hereby agree to hold harmless the Board of Trustees of the Fund, and its agents, from any and all costs and expenses for claims that may be brought against them in connection with my spouse's hardship distribution.

Signature of Spouse

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

My commission expires: _____

II. CERTIFICATION THAT PARTICIPANT IS NOT MARRIED

I hereby certify and state that I am not married, do not have a spouse, and will notify the Fund Office if I marry before the effective date of my distribution.

Signature of Member

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

My commission expires: _____



North Atlantic States CARPENTERS BENEFIT FUNDS

Health Benefits Fund

Massachusetts Office
350 Fordham Road
Wilmington, MA 01887
Phone: 800-344-1515
Fax: 978-752-1148
carpentersfund.org

Connecticut Office
10 Broadway
Hamden, CT 06518
Phone: 800-922-6026
Fax: 203-288-3235
carpentersfund.org

Authorization to Disclose Protected Health Information

Name of Individual (Please Print)

Social Security Number

Address of Individual

ALL OF THE FOLLOWING PARTS MUST BE COMPLETED

PART I: Authorized Person(s)

I authorize the Health Fund to disclose the PHI identified in Part II of this Form to the following person:
(please designate no more than one person and fill in his/her name and address)

- ☐ Fund Trustee or NERCC Council Rep. _____
- ☐ Attorney _____
- ☐ Other Person ANNUITY FUND PERSONNEL

Address of Authorized Person: _____

PART II: Description of the information to be used or disclosed

I authorize the Health Fund to disclose PHI (including written, electronic, or oral information) to the person(s) identified in Part I of this Form in connection with **(mark all that apply)**: (If you want different people to have access to different information, you must fill out separate forms.)

☐ All Claims and Eligibility Information ☐ All Claims Information ☐ All Eligibility Information
☐ Specific Medical, Dental, Vision, or Other Claim for Health Benefits as described below:

Provider: _____ Date(s) of Service: _____
☐ Other (please be as specific as possible) _____

PART III: Purpose of use or disclosure

The purpose(s) for which the individual named in Part I of this Form may have access to my PHI is as follows: **(mark all that apply)**:

- | | |
|--|---|
| <input type="checkbox"/> Health care claims or appeals | <input type="checkbox"/> Coverage |
| <input type="checkbox"/> Payment for health care | <input type="checkbox"/> Eligibility for benefits |
| <input type="checkbox"/> Coordination of benefits | <input type="checkbox"/> Premiums and copayments |
| <input type="checkbox"/> Health care claim status | <input type="checkbox"/> Preauthorization |
| <input type="checkbox"/> Subrogation and reimbursement | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Other event (please state what the event is): _____ | |

PART IV: Termination of Authorization

This Form is valid for one year from signing or, if earlier, until the date or event I have indicated below or until I cancel the Form by completing a separate Cancellation of Authorization Form or signing the Cancellation of Authorization section on page 2.

____ (Date or event)

PART V: Acknowledgment and Signature

I understand that:

- **I HAVE THE RIGHT TO REFUSE TO SIGN THIS AUTHORIZATION FORM.**
- **I HAVE THE RIGHT TO REVOKE THIS FORM AT ANY TIME BY SUBMITTING A CANCELLATION OF AUTHORIZATION FORM TO THE BENEFITS OFFICE.**
- **CANCELLATION WILL TAKE EFFECT AS OF THE CANCELLATION DATE OR EVENT, OR ONCE THE BENEFITS OFFICE RECEIVES THE CANCELLATION OF AUTHORIZATION FORM.**
- **THE PERSON(S) I AM AUTHORIZING TO RECEIVE MY PHI MAY NOT BE REQUIRED TO TREAT THIS INFORMATION AS CONFIDENTIAL OR PROTECTED HEALTH INFORMATION.**
- **THE HEALTH FUND WILL PROVIDE A COPY OF THIS SIGNED AUTHORIZATION FORM TO ME.**

Your Signature (or Signature of Personal Representative*)

Date

*If you are acting as the Personal Representative of the individual whose PHI is to be disclosed, you must have a Personal Representative Form on file with the Fund Office.

PART VI: Witness or Notary (Complete one)

Witness (Fund Office employee or Trustee only)¹

Signature

Date

(Print name)

OR

Notary Public

Personally appeared before me at _____, Connecticut, this ____ day of _____, 20____, the within named _____, who acknowledged that signing this Authorization Form was his or her free act and deed.

Notary Public

My commission expires: _____

Cancellation of Authorization (to be effective only after received by the Fund)

I hereby cancel my authorization to disclose protected health information to _____ effective immediately or as of _____.

Signature _____

Date _____

¹ A member of the Fund Office staff or a Trustee may witness the signature in person. Any signature not witnessed by Fund Office staff or a Trustee must be notarized.

