

IUPAT of Western Pennsylvania Welfare Fund

P.O. BOX 99459

TROY, MICHIGAN 48099-9998

TEL: (330) 779-8865 Tol Free (833) 697-1294

Email: IUPATDC57WRA@benesys.com

Member Information – Please provide **all** requested information.

Last Name:	First Name:	Middle Initial:
Member Social Security Number:		
Street Address:		
City:	State:	Zip Code:

Check here if this is a Change of Address

You may receive up to 75 PTO days per year. I hereby request a check for the number of days listed below at \$200.00 per day.

PTO Days: _____

Please note: There is no longer segregated vacation and holiday times. All time off is now considered personal time off.

Tax withholding information: All amounts are subject to all federal and state employment tax obligations and to all federal, state and local wage withholding obligations, deductions and reductions.

Authorization – Please sign and date.

Member Signature	Date
------------------	------

Request forms **MUST** be received in the Fund Office **no later than the 10th of the month** to have a check issued on the 15th of the month.

ABSOLUTELY NO FAXES WILL BE ACCEPTED
YOU MUST MAIL or EMAIL (must be legible)
THIS FORM TO THE FUND OFFICE FOR PAYMENT