

Marble Industry Trust Fund

253 West 35th Street, 12th Floor
New York, N.Y. 10001
(212) 505 – 5050, Ext. 390

**Application for a Holiday Pay Disbursement From Your
Additional Security Benefit Account**

If there is at least ten dollars (\$10.00) contributed on your behalf to your Additional Security Benefit Account (“ASBA”) established under the Marble Industry Trust Fund, you are considered an Eligible Employee for purposes of applying for certain disbursements from your ASBA, including Holiday Pay.

If you are an Eligible Employee working in Covered Employment, you can apply for a Holiday Pay disbursement from your ASBA for *up to six (6) holidays per calendar year*. The holiday must be listed as a holiday under the applicable Collective Bargaining Agreement that is currently in effect at the time the holiday is observed rather than the date this application is submitted. You may apply for a disbursement for *up to \$250 per holiday*. However, a disbursement *cannot* exceed the balance of your ASBA.

Please note, your Holiday Pay disbursement is subject to all applicable withholding taxes and will be reported to you and the tax authorities on Form W-2. For more information on this benefit, please refer to your Summary Plan Description/SPD, a copy of which was previously provided to you.

For holidays observed *during the 2022 calendar year*, an application must be submitted by June 30, 2023. For holidays observed *after the 2022 calendar year*, an application must be submitted by January 31st of the year immediately after the holidays’ observed. You must submit this Application to the Fund Office via email at Applications@dhcook.com. Please contact the Fund Office at the number listed above if you have any questions.

Print Your First and Last Name: _____

Mailing Address (If you wish to receive this disbursement by check): _____

Social Security Number: _____ - _____ - _____ **Tel/Cell Number:** (_____) _____ - _____

Email: _____

Holiday(s) (include the name and date of the holiday observed for *up to six holidays* you wish to receive a Holiday Pay disbursement for): _____

Total Disbursement Amount Requested: \$ _____

Do you want your disbursement deposited directly into your Bank Account on record? ___ Yes ___ No

If yes, please enter the last four digits of your Bank Account: _____

Signature

Date