HOMECARE WORKER
Benefits Trust

Providing Benefits to Oregon Homecare and Personal Support Workers

<!$MGREPEAT>

<!$MG_Date>

<!$MG_Name>
<!$MG_Addr1>
<!$MG_Addr2>
<!$MG_Addr3>

Dear <!$MG_Name>:

You are receiving this letter because you may be eligible for Paid Time-Off (PTO) benefits through the Oregon Homecare Workers Benefits Trust if you complete the steps described in this letter.

You may be eligible for <!$MG_cycle2hours> hours of PTO in <!$MG_cycle2>
You may be eligible for <!$MG_cycle7hours> hours of PTO in <!$MG_cycle7>
The Total Hours you may be eligible for at this time is <!$MG_TotHours>

In order to become eligible for PTO benefits, you must send the following enclosed documents to the Trust:

- A completed and signed **W-9 Form**
- A completed and signed **Designation of Beneficiary Form**

Once you have submitted these forms, you may apply to receive your PTO benefits by submitting a PTO Benefit Request Form (a copy of which is enclosed). If you do not submit a Benefit Request Form and you are eligible for benefits, your PTO benefits automatically will be paid to you in February of the year following the year in which they were earned.

Enclosed are the documents to help you receive your Paid Time Off.

1. W-9 Form
2. Designation of Beneficiary Form
3. PTO Benefit Request Form
4. PTO Frequently Asked Questions
5. Return Envelope

If you have any questions about the Paid Time Off benefit available under the Trust, please contact the Trust Office at 1-844-507-7554, option 3 and then option 2 or via email at OHCWTPTO@bsitpa.com

P.O. BOX 6, MUKILTEO, WASHINGTON 98275
Trust Administration: 844-507-7554 *fax:* 866-459-4623 *email:* OHCWT@bsitpa.com

LOCAL 503 SEIU Stronger Together

<!$MGENDREPEAT>