

**Hardship DROP Distribution Request**



**D A L L A S**  
**POLICE & FIRE**  
**PENSION SYSTEM**



Last 4 digits of SS# \_\_\_\_\_

Date \_\_\_\_\_

I hereby request the following hardship distribution in respect of my DROP annuity. I understand that I have 7 days from the date of this election form to change or revoke this request with the Pension System, otherwise my request will take effect as soon as approved under the DROP Policy and as administratively feasible. I further understand (i) that I must provide the documentation required by Appendix A and Appendix B and that I may be asked for further documentation and (ii) that, if a hardship distribution is granted, my DROP annuity will be adjusted as provided for in the DROP Policy.

Hardship distribution in the net of tax amount of \$ \_\_\_\_\_

**Eligible Circumstance** (check all that apply)

The need to repair damage to my primary residence not covered by insurance as the result of a natural disaster or significant event (i.e., fire, flood, hurricane, earthquake, etc.)

The need to make significant changes to my primary residence not covered by insurance because of medical necessity

The need to pay for my medical expenses, those of my spouse or my dependent child or relative as described under Code section 152(c) and (d), including non-refundable deductibles, as well as for the cost of prescription drug medication

The need to pay for the funeral expenses of my parent, child, grandchild or spouse, including reasonable travel and housing costs for myself, my spouse, parent, child or grandchild

Other similar extraordinary and unforeseeable circumstances arising as a result of events beyond my control

I have read this form and the DROP Policy and understand the consequences of my action. I hereby attest that (1) I have attached all necessary items to explain and document the basis for my request and these attached items are true and correct in all material respects and I have not omitted any material items with respect to my financial condition as called for by Appendix B, (2) I do not have sufficient assets available or any other financial means to otherwise pay for the expenses detailed in this request and (3) if paid, the distribution requested will be used to pay the expenses detailed or obligations resulting from a prior payment of the expenses detailed in my request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Phone: \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME, the undersigned authority on this the

\_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public In and For

\_\_\_\_\_ County

Return to: Dallas Police & Fire Pension System  
4100 Harry Hines Blvd., Suite 100  
Dallas, Texas 75219

## Appendix A--Required Documentation Regarding Your Claim

<p>Repairs to primary residence not covered by insurance and the result of a natural disaster</p>	<p><input type="checkbox"/> Detailed repair bill or estimate from contractor.</p> <p>AND</p> <p><input type="checkbox"/> Letter from contractor explaining why repairs are not related to normal upkeep or a discretionary upgrade.</p> <p>AND</p> <p><input type="checkbox"/> Letter or other documentation from insurance company stating what costs are and are not covered as well as deductibles, etc. or why they denied coverage.</p> <p><input type="checkbox"/> If no insurance, a notarized statement from you stating that no insurance was held by you (or your spouse, child, or dependent, if relevant) at the time of the event causing the damage.</p>
<p>Repairs or improvements to primary residence determined to be medically necessary by a physician</p>	<p><input type="checkbox"/> Letter from physician explaining why repair or improvement is medically necessary.</p> <p>AND</p> <p><input type="checkbox"/> Detailed repair bill or estimate from contractor.</p> <p>AND</p> <p><input type="checkbox"/> Letter or other documentation from insurance company stating what costs are and are not covered as well as deductibles, etc. or why they denied coverage.</p> <p><input type="checkbox"/> If no insurance, a notarized statement from you stating that no insurance was held by you (or your spouse, child, or dependent, if relevant) that will cover the repair or improvement.</p>
<p>Uninsured medical or dental expenses (may include nonrefundable deductibles and prescription costs)</p>	<p><input type="checkbox"/> Explanation of benefits issued by insurance company stating what costs are and are not covered as well as deductibles, etc.</p> <p><input type="checkbox"/> Bills issued by provider(s) if EOB not available or if no insurance.</p> <p><input type="checkbox"/> If no insurance, a notarized statement from you stating that no insurance was held by you (or your spouse, child, or dependent, if relevant) at the time of the service.</p>

<p>Funeral expenses</p>	<p><input type="checkbox"/> Obituary of the deceased.</p> <p>AND</p> <p><input type="checkbox"/> Detailed funeral bill(s), which must state the deceased's name, and the person to whom the bill was issued (the responsible payor).</p> <p>AND</p> <p><input type="checkbox"/> A notarized statement from you stating (a) your relationship to the deceased; and (b) the portion of the expenses you are responsible for.</p> <p>AND</p> <p><input type="checkbox"/> If travel expenses are being claimed, detailed receipts.</p>
<p>Other similar extraordinary and unforeseeable circumstances</p>	<p><input type="checkbox"/> Detailed bills or receipts. Also, include factual background regarding the claim and why you believe it was extraordinary and unforeseeable</p>

## Appendix B--Required Financial Documentation Regarding Your Financial Condition

<b>Section 1.</b>	<b>Statements</b> - Copies of last six (6) months account statements are required for savings, checking, 401(k), 457, IRAs, stocks and bonds.
<b>Section 2.</b>	<b>You are required to list all household incomes on a <u>monthly</u> basis.</b> Therefore, if your income is bi-weekly you must multiply each figure by two. The numbers may be rounded to the nearest dollar. For example, if your Gross Pay is \$1,286.04, the $\$1,286.04 \times 2 = \$2,572.00$ . \$2,572.00 will be listed on the Gross Pay line for your salary. Do the same for Federal Tax, all the other deductions and Net Income. You are required to supply a copy of your pay stub (no more than two months old), your spouse's pay stub and other income listed that will verify the figures listed in this section.
<b>a</b>	<b>Pay Stubs</b> – Provide letter size copies of your most recent pay stubs for the time in which you experienced your hardship event as well as your most current pay stub for yourself and spouse (if applicable.)
<b>Section 3.</b>	<b>Letter size copies of all expenses listed below must be provided for you and your current dependent(s) or member(s) of your household for whom you are financially responsible.</b> Note: Letter size copies of Food and Clothing expenses (6d) are not required. Details for documenting each expense category are set forth below.
<b>a</b>	<b>Home Mortgage or Rent payments</b> - This may be documented with a copy of the mortgage statement, check or money order, letter from a landlord, copy of a lease agreement.
<b>b</b>	<b>Basic Utilities</b> - Copies of Electric, Water, Gas and Telephone Bills must be provided if they are included in this category. If you do not have a particular bill or cannot provide a copy of a check or money order, do not add it in the figure listed.
<b>c</b>	<b>Other Utilities</b> – Copies of Cable, Cell Phone, Internet, Home Security bills must be provided if they are included in this category.
<b>d</b>	<b>Food and Clothing</b> - Provide a reasonable estimate for these on a monthly basis.
<b>e</b>	<b>Car Payments</b> - Copies of the loan statements, check or money order, etc.
<b>f</b>	<b>Other Transportation Expenses</b> - Provide a reasonable estimate for gas, bus passes, parking, etc on a monthly basis.
<b>g</b>	<b>Credit Cards</b> - Letter size copies must be provided for any credit cards listed. Only the minimum payments required should be listed. For example, if your minimum payment to Visa is \$20.00 and your minimum to Discover is \$29.00, list the total of \$49.00. If you have a balance on a card but do not owe this month, then do not list it. Do not list what you normally pay. Only minimums are considered. Do not list credit consolidation companies or finance companies (i.e. CCCS). These payments should be listed as "Other" and must have a corresponding letter size copy.
<b>h</b>	<b>College Expenses</b> - If you are currently paying college expenses for yourself, a spouse or a dependent, then you may list the expense by taking an average for the current semester and providing supporting documentation or by providing a current bill owed and listing that bill. Include documentation of any loan, grants or scholarships the student is receiving.

i	<b>Insurance Premiums</b> - Letter size copies must be provided for all monthly insurance premiums not payroll deducted. If your insurance is not paid on a monthly basis, then an average monthly figure may be computed from a quarterly or semi-annual premium.
j	<b>Child Support</b> – Letter size copies must be provided of the divorce decree and documentation supporting the payments.
k	<b>Other</b> - List any other recurring expenses for which you can provide letter size copies verifying amounts listed and being paid. Such expenses may include Day Care, Bank Loans, Finance Companies, etc.
<b>Section 4.</b> a	<b>Tax Return</b> – Provide letter size copy of your most recently filed tax return.

The paperwork should be neat, clean and unfolded and stapled in the following order:

1. Application Form
2. Required Documentation Appendix A
3. Required Documentation Appendix B