

Snohomish County Human Resources

Unforeseeable Emergency Distribution Instructions & Application

The Internal Revenue Code and Treasury regulations state that an unforeseeable emergency is a severe financial hardship resulting from an illness or accident, loss of property due to casualty, or other similar extraordinary and unforeseeable circumstances arising as a result of events beyond the control of the participant or beneficiary. Review the requirements on page 3 of this form to see if you qualify for an Unforeseeable Emergency Distribution. If you meet the requirements, complete this application and return it along with all applicable supporting documentation listed on page 4 to Human Resources. If you have questions, contact Human Resources at human.resources@snoco.org or at 425-388-3411 ext. 0.

Part 1. Personal Information			
Name (Last, First, M.I.)	Employee ID #		
Primary Phone #	Department		
Home Address	City	State	Zip

Part 2. Unforeseeable Emergency Details	
<p>Was the severe financial hardship a result of some unforeseeable circumstance arising as a result of events beyond the control of you, your spouse, dependent or primary beneficiary?</p> <ul style="list-style-type: none"> • If no, STOP, do not submit your request as it does not qualify as an unforeseeable emergency. • If yes, please provide a detailed explanation of the unforeseeable emergency that has caused you, your spouse, your dependent or your primary beneficiary a severe and unforeseeable financial hardship in Part 3 (below). Be as detailed as you can, including names and dates. Attach extra sheets if needed. 	___ Yes ___ No
<p>What was the date(s) the unforeseeable emergency occurred? <i>Note:</i> Circumstances over 12 months from the date of application will not be considered for unforeseeable emergency distributions.</p>	Date:
Which plan are you requesting an unforeseeable emergency withdrawal?	___ Nationwide ___ Empower ___ ICMA
What amount are you requesting be distributed?	Amount:
Do you or your spouse have a savings account?	___ Yes (Balance: \$ _____) ___ No
<p>Have you already stopped contributions to the deferred compensation plan? <i>Note:</i> In order to receive the hardship distributions, you must stop your deferred compensation contributions for a minimum of 6 months after the withdrawal is granted.</p>	___ Yes ___ No
Can you solve your financial hardship by taking out a loan from a bank or credit card? If yes, explain:	___ Yes ___ No

457 Unforeseeable Emergency Distributions Basics

What are the requirements to qualify for an Unforeseeable Emergency distribution?

Internal Revenue Code and Treasury regulations state that an Unforeseeable Emergency is a severe financial hardship to the participant or beneficiary that occurred within the last 12 months due to:

- An illness or accident of the participant or beneficiary; or spouse or dependent of the participant or beneficiary (A dependent is defined as an individual who receives 50% or more of their financial support from the participant or beneficiary, as reflected in tax reporting documents.)
- Medical expenses not covered by insurance or other reimbursements
- Funeral expenses for a spouse or dependent
- Loss of the participant's/beneficiary's property due to casualty, such as damage caused by a hurricane/tornado
- Foreclosure or eviction from participant's or beneficiary's primary residence

The regulations require that participants must exhaust all other means of relief first. Means of relief may include insurance or other sources, liquidation of the participant's assets, to the extent such liquidation would not itself cause severe financial hardship, or discontinuing contributions.

If your situation is deemed an Unforeseeable Emergency, the amount of your withdrawal request cannot exceed the current value of your account. Funds may only be withdrawn from pre-tax contributions (salary reduction) and post-tax contributions.

Who may apply for an Unforeseeable Emergency Distribution?

An actively employed participant may apply for an Unforeseeable Emergency Distribution. Retired or terminated participants, beneficiaries, and alternate payees are not eligible for an Unforeseeable Emergency Distribution. Please refer to standard distribution. (Participants over 70 ½ and still actively employed are eligible for standard distributions from the Plan, and are not eligible for Unforeseeable Emergency Distributions.)

How much can I withdraw?

Distributions due to unforeseeable emergencies are only permitted in the amount necessary to satisfy the financial need after reimbursement by insurance or other sources. Please attach required documentation to support the requested amount. This distribution may be taxable.

How do I submit an application for an Unforeseeable Emergency Distribution?

- Complete this application
- Obtain applicable supporting documentation outlined in the Unforeseeable Emergency Checklist on page 4
- Complete the [Deferred Compensation Change Form](#) to suspend your contributions for 6 months
- Submit a complete application and all supporting documents to Human Resources at mailstop 503
- Contact Human Resources at human.resources@snoco.org or at 425-388-3411 ext. 0 if you have questions

Unforeseeable Emergency Checklist	
Reason	Supporting Documentation
Illness or Accident: Medical Expenses (Not covered by insurance or other reimbursements)	<ul style="list-style-type: none"> • If you have health insurance: Explanation of Benefits statement from within the past 12 months from the insurance company indicating insurance coverage (or reasons for no coverage), patient responsibility and dates of service. • If you do not have insurance: Detailed bills indicating the medical provider's name & address, date of service, procedures performed and charges incurred within past 12 months. • If medical expenses are for a dependent, include a copy of the most recent Federal Income Tax Return (pages 1 & 2 only) for you, and if married, your spouse. • If the procedure could be considered cosmetic, a letter from a medical doctor/dentist indicating the reasons why the procedure is medically necessary. • Copy of the Pre-Determination of Benefits, dated or issued within last 60 days, from the insurance provider. A statement from provider showing that payment must be made before treatment will be rendered. • If you have a discounted Dental Plan that does not issue Dental Explanation of Benefits statements, provide copies of the Schedule of Benefits that include the procedure code(s) that match the procedures on the dental pre-treatment estimate. • Detailed prescription drug history from your pharmacy or insurance company stating dates medications were filled, how much insurance covered, and the dollar amount you are responsible for paying.
Illness or Accident: Loss of Income	<ul style="list-style-type: none"> • Letter from your spouse's, primary beneficiary's, or dependent's employer indicating dates of employment and the dates of work missed that there was reduced or no pay received. This must also indicate any sick/vacation pay, disability pay, worker's compensation benefits, or any other form of compensation received while out of work. • A Loss of Income Verification Form completed by the County. • A copy of the most recent Federal Income Tax Return (pages 1 & 2 only) for you, and if married, your spouse. • A copy of the two most recent pay stubs for you, and if married, your spouse. • Documentation from the Worker's Compensation board or disability board regarding your, your spouse's, primary beneficiaries, or dependent's Worker's Compensation or disability benefits. The documentation must state the date the benefits began/will begin, the amount of the benefits, and the date benefits will/may end. • If your spouse, dependent, or primary beneficiary is self-employed, letter from licensed physician indicating dates when the person was medically unable to work, and 1 year profit/loss statement and Schedule C tax filings.
Property Loss Due To Casualty	<ul style="list-style-type: none"> • If you have insurance: a letter from your insurance company indicating the amount covered by insurance and deductible amount owed, or reasons for no coverage. • If you do not have casualty insurance: include a signed statement indicating that you do not have insurance and the specific dates of no coverage. • Detailed repair estimate from a licensed contractor or licensed mechanic indicating the specific causes of the damage to your primary residence or primary vehicle. • Police report. • Letter from the other driver's insurance company stating why they are not covering the damages to your primary vehicle or the amount they will cover. • A statement from your automobile lender indicating the amount still owed after the insurance payoff was received.
Funeral Expenses	<ul style="list-style-type: none"> • A copy of the death certificate. • Documentation of the relationship to the deceased. • Detailed invoice from a funeral home and or cemetery that itemizes costs of funeral/burial expenses in which you are personally responsible, along with the amount that the decedent's funeral insurance/burial insurance will cover. • If you are not listed as the responsible party on the bill, include a statement on or with the application indicating that you are responsible for the expenses. • Copies of receipts, booking information (air/hotel), and other travel expenses related to the funeral and or burial.
Foreclosure/ Eviction (If requested more than once in a 12 month period, could be subject to additional review)	<ul style="list-style-type: none"> • Address on file matches the address on the request. If not, pages 1-2 of the 1040 Federal Tax Return and Schedule E (rental property page) are required (you may black out information that is not necessary to verify the address). • Letter from the Mortgage Company or lender's attorney issued from within the past 30 days indicating a dollar amount needed to prevent imminent foreclosure, a clear future date due, and full address of property under threat of foreclosure. • Eviction: A letter from the Leasing Agency or a copy of the Court Order Eviction issued within the past 30 days stating the dollar amount needed to prevent the eviction from your primary residence with the property address that is under threat of eviction. • Copy of your current lease agreement. • If a bankruptcy has been filed, documentation showing the mortgage lender has been granted relief from automatic stay or court order stating dismissal of bankruptcy case.
Extraordinary or Unforeseeable Circumstance	<ul style="list-style-type: none"> • Include copies of documents supporting your statement that the circumstances arose as a result of events beyond the control of you, your spouse, your dependent, or beneficiary.