FINANCIAL HARDSHIP REQUEST FORM

Name: _____ **Employee #:** _____ **SSN:** _____

Daytime Phone #: _____ **Facility/Dept. Name:** _____

Please state the reason for your withdrawal request and attach supporting documentation as evidence of the hardship (e.g., unreimbursed medical bills, a home purchase contract, tuition registration receipt, or an eviction/foreclosure notice from your landlord or mortgage provider). All required and applicable documentation must be submitted within 30 days of the event date.

- ☐ Immediate and unexpected medical expenses which were not reimbursed by health plan
- ☐ Purchase of a principal residence
- ☐ College tuition for participant or participant's spouse or children
- ☐ Payment to prevent eviction from or foreclosure on participant's residence
- ☐ Burial expenses for participant's parents, spouse or children
- ☐ Expenses for the repair of damages to the participants principal residence that would qualify for casualty deduction under code section 152.

OTHER Hardship Reason:

- ☐ Final notice before shutoff for electricity and/or water
- ☐ Cancellation of homeowners or car insurance
- ☐ Past due property taxes (*difference paid off bill for previous and current year*)
- ☐ Replacement of A/C unit
- ☐ Repairs to vehicle
- ☐ Past due car payment
- ☐ IRS bill

_____ **Personal Leave (PL) Program** _____ **Star Plus/Corebridge 403(b) Plan**

I am requesting a withdrawal from: ☐ **PL** _____ (hours to be cashed in) or ☐ **Corebridge Financial 403(b) plan** _____ in the amount of $_____ (net amount necessary to satisfy the hardship). I acknowledge that hardship withdrawals are limited to one approved withdrawal within the applicable period, as follows: **PL Hardship:** One withdrawal every six (6) months; **403(b) Hardship:** One withdrawal every twelve (12) months.

Requesting Employee – Please Note:

- For PL cash-ins, a minimum PL balance is not required to be maintained, however, **80 hours** must be maintained in your PL bank **if you have any outstanding Broward Health financial obligations** (i.e.: Relocation, Hire-on Bonus, Tuition Reimbursement)
- For Star Plus withdrawals, a minimum balance of **80 hours** must be maintained in your PL bank. If your PL balance is over 80 hours, funds will be withdrawn from the PL hours prior to withdrawing from your 403(b) account.

  (Note: only the portion of your Star Plus account attributable to ***employee contributions*** is available for hardship distributions. You will not be eligible to withdraw the EMPLOYER contribution of your account.)

Requesting Employee Acknowledgment:

This hardship withdrawal request is due to an immediate and heavy financial need, and I am unable to satisfy this need by other resources that are reasonably available to me (*including commercially available loans, loans under the STAR PLUS PLAN, and a PL cash-in.*)

Employee Print Name	Employee Signature	Date

HUMAN RESOURCES REVIEW

PL REQUEST:

☐ Approved	Your hardship cash-in check will be available in your regional HR Office once Payroll processes your check (usually within one week). PL cash-ins are subject to special IRS supplemental rate.
☐ Denied	You may resubmit this form with additional documentation as applicable.

STAR PLUS REQUEST: *(In accordance with Section 403(b) of the Internal Revenue Code (IRS) AND Section 8.05 of the plan document.)*

☐ Approved	Your request for withdrawal has been forwarded to COREBRIDGE FINANCIAL for processing. Your distribution is subject to 20% federal tax withholding, any applicable vendor withdrawal fees, and a 10% penalty including any other applicable taxes when you file your income tax return if you are under age 59 ½.
☐ Denied	You may request a review from the Plan Administrator within 10 days from the date of this determination. Resubmit this form along with your written request stating why this request should be reconsidered and any additional documentation to support your appeal. Attached are the hardship distribution rules for your reference.

Regional CHRO or Manager – Print Name	Regional CHRO or Manager - Signature	Date
Benefits Manager – Print Name	Benefits Manager - Signature	Date

Revised 10/28/2026