



Providing Benefits to Oregon Homecare  
and Personal Support Workers

Benefit Trust

## PAID TIME OFF BENEFIT REQUEST

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Provider number: \_\_\_\_\_

Hours requested: \_\_\_\_\_

I understand that by completing and signing this form I am requesting a taxable income benefit. I also understand that Paid Time Off (PTO) benefits will not be paid to me unless I have submitted a completed Form W-9 to the Trust Administrative Office. I understand that any PTO benefit that I have accrued in a calendar year but have not applied to receive will be cashed out to me on February 15th of the following year so long as I have submitted a completed W-9 form to the Trust Administrative Office by January 31st. This PTO benefit is designed for you to use in connection with taking time off from your job as a homecare worker.

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

**Please mail or fax this form and supporting documents to:**

- Mail: Oregon Homecare Workers Trust, PO Box 6, Mukilteo, WA 98275
- Fax: Oregon Homecare Workers Trust, 1-866-459-4623
- Email: [OHCWTPTO@vimly.com](mailto:OHCWTPTO@vimly.com) Subject: OHCWT PTO
- Phone: 844.507.7554 Option 3, then select Option 2

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*The benefits of the Homecare Workers Supplemental and Benefit Trusts were negotiated by SEIU Local 503 homecare and personal support workers through their bargaining team.*

P.O. BOX 6, MUKILTEO, WASHINGTON 98275 website: [orhomecaretrust.org](http://orhomecaretrust.org)

Trust Administration: 844-507-7554 fax: 866-459-4623 email: [OHCWT@vimly.com](mailto:OHCWT@vimly.com)

