

BAY AREA PAINTERS AND TAPERS

PENSION AND ANNUITY TRUST FUNDS

4160 Dublin Boulevard, Suite 400

Dublin, CA 94568-7756

Toll Free: (866) 894-3705 * Fax: (925) 833-7301

Email: Paintersinfo@hsba.com

www.bayareapainterstrust.org

August 28, 2020

Company Name

Attn: Contact Name

Company Address

City, State and Zip

Re: Withdrawal Liability Estimate

To Whom It May Concern,

The Painters Trust Fund has received your request for a withdrawal liability estimate for ***Company Name***. You May select one of the two options below:

☐

To independently calculate the estimated potential withdrawal liability of ***Company Name***,

complete the enclosed worksheet that contains all the necessary data regarding the Plan and the respective formulas. Assuming that ***Company Name*** withdrew in ***Year***, you will need to input the total contributions that of ***Company Name*** and all other members within its control group that have contributed to the Plan, were obligated to pay during 5-year periods for each year 2011 through 2016 under column 5 to ascertain the net withdrawal liability.

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If you wish to have the Plan provide an estimated potential withdrawal liability calculation, there is a fee in the amount \$1,050.00. Upon receipt of payment of \$1,050.00, the Trust Fund office will request the Plan actuary to calculate the estimated potential withdrawal liability of ***Company Name***, and all its control group members that were obligated to contribute to the Plan. Once completed, you will be provided with the calculation data and the estimated potential withdrawal liability.

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Please list below all employer accounts under the same employer control group for a complete and accurate estimate.

Employer Name:

Account Number:

_____	_____
_____	_____
_____	_____

All requests for the actuary to calculate the estimated potential withdrawal liability and payments for the actuary calculation fee should be mailed to the address below. Along with your request and payment, please include a list of all trades or businesses within the same control group as Fairmont Hotel San Jose that also contributed to the Plan.

**District Council 16 Northern California
Health and Welfare Trust Fund
P.O. BOX 4816
Hayward, CA 94540-4816**

Please note that the actual withdrawal liability of *Company Name* and its control group members that contributed to the Plan as well as the identity of all other control group members cannot be determined until the time of withdrawal from the Plan.

Should you have any questions, please do not hesitate to contact our office.

Sincerely,

Billing & Eligibility Department

Cc: Coleen Christophersen