



B.A.C. Trust Funds

B.A.C. Local No. 3 Pension Plan
B.A.C. Local No. 3 Defined Contribution Pension Plan
B.A.C. Local No. 3 Health & Welfare Trust Fund
B.A.C. Local No. 3 Vacation Plan

October 2022

Dear Plan Participant:

We are the Trust Fund office for the Bricklayers Local No. 3 Vacation and Holiday Plan, and according to our records **you have unclaimed vacation money with the Plan.**

You earned this money at some point by working under a BAC Local Union #3 collective bargaining agreement for an employer who made contributions on your behalf into the Vacation Trust. We would love to hear from you, so we can distribute the money you have earned from the Vacation Plan. You are eligible to receive this distribution now. The only documentation you need to receive this money is proof of your identity.

Please complete the enclosed "Vacation Plan Withdrawal Request Form" and send it as follows;

By Mail: Benesys / Contributions Department
7180 Koll Center Parkway, Suite #200
Pleasanton, CA 94566

By email: staff@BAC3-brickbenefits.org

By Fax: (925) 362-8564

If you are still working under a for BAC Local Union #3 collective bargaining agreement and want your vacation pay benefits automatically deposited to an account in your name, you **must first establish an account at Operating Engineers Federal Credit Union**. Call toll free at 1-800-877- 4444 to set up your account, OR, visit an OEFCU branch office to fill out the application, **OR** complete the application online at www.oefcu.org. This is not required, however, and the Trust will issue a check if you prefer.

This is your money – claim it!

Please note: Your Vacation Plan benefits are after-tax, because your employer has deducted the applicable payroll taxes before sending the contribution amount to the Trust fund.

If you have any questions regarding your vacation account or the withdrawal form, please contact the Contributions Department Toll Free at 888-208-0250.

Thank you,

Bricklayers Local No. 3 Vacation and Holiday Plan Office

*This document has been uploaded and is available on the participant website at:
www.BAC3-brickbenefits.org*



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VACATION PLAN WITHDRAWAL REQUEST FORM

_____ I would like to withdraw the entire balance currently in my vacation account.

_____ I would like to transfer my entire balance to my Operating Engineers Federal Credit Union account.

Member's Name

Social Security No.

Street Address

City, State, Zip

Phone Number

Signature

Date

TO SUBMIT VIA FAX:

Please fax to the Trust Fund Office Contributions Department: 925-362-8749

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