REV 1-18

QUARTERLY LOCAL RELIEF PAID

ASSOCIATION____ **NO.**____________________

QUARTER ENDING: Mar 31 Jun 30 Sep 30 Dec 31 Year _________ ☐ NO RELIEF TO REPORT

(PLEASE CIRCLE PERIOD YOU ARE FILING)

CO#	LINE#	NAME	STATUS (check one)			LOCAL $	SPECIAL Y/N	SUPPLE-MENTAL $	TOTAL AMOUNT $
			ACTIVE	RETIRED	WIDOW/ WIDOWER				
								Total Relief Paid This Quarter	

Signature: ______________________ Print name: ______________________ Title: ______________

1st Qtr - ending 3/31 is due by 4/30

2nd Qtr - ending 6/30 is due by 7/30

3rd Qtr - ending 9/30 is due by 10/30

4th Qtr - ending 12/31 is due by 1/30

If submitted and **FINALIZED** online, a hard copy is not required to be sent in.