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)

COMP #	LINE#	NAME	STATUS (check one)			LOCAL $	SPECIAL Y/N	SUPPLE-MENTAL $	TOTAL AMOUNT $
			ACTIVE	WIDOW/ WIDOWER	RETIRED				

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.