

S.U.B. CLAIM FORM

I.B.E.W. LOCAL NO. 25 HEALTH & BENEFIT FUND SUPPLEMENTAL UNEMPLOYMENT BENEFIT

Name: _____ Social Security No. _____

Address: _____ Telephone No. _____

I am applying for ___ weeks of benefits during the month of _____. I verify that I have not been employed for more than one day in any week for which I am applying for benefits.

1 st week ending Friday date	2 nd week ending Friday date	3 rd week ending Friday date	4 th week ending Friday date	5 th week ending Friday date
___/___	___/___	___/___	___/___	___/___

I was laid off by _____ on _____.
(name of employer) (date)

You must submit proof with this S.U.B. Claim Form that NYS Unemployment Benefits ("NYS Benefits") were collected for each week for which you are requesting S.U.B. benefits. *If you do not include proof of receipt, your claim will not be processed.* Acceptable proof can be obtained from the NYS Department of Labor website, www.labor.state.ny.us

(Print the View History Screens and include all pages with your S.U.B. Claim Form)

_____ I am unemployed and collecting NYS Benefits. I understand that I must submit proof of receipt of NYS Benefits for each week ending for which I am requesting S.U.B. Benefits.

_____ I am unemployed and have exhausted all of my NYS Benefits. I understand I must submit proof that I have exhausted my NYS Benefits.

Note: If you are found to have filed a false S.U.B. Claim Form and received Supplemental Unemployment Benefits to which you were not entitled, you will not be entitled to any Supplemental Unemployment Benefits in the future and may be charged with a crime.

Signature: _____ Date: _____

Your S.U.B. Claim Form must be received at the I.B.E.W. Local 25 Health & Benefit Fund office prior to the 15th of the month following the month for which the claim is being submitted. Failure to timely file the Form may result in a loss of benefits.

Termination of S.U.B. benefit eligibility. Eligibility for S.U.B. will terminate at midnight on the date you terminate your coverage under the I.B.E.W. Local 25 Health and Benefit Fund (the "Fund"), you retire or die. The benefit will not be "available" for any claims occurring after that date and your account shall be forfeited. However, when you retire, you may transfer a percentage (determined on an annual basis by the Fund's Trustees) of your funded Supplemental Unemployment Benefit account to your Medical Reimbursement Account to help pay for continuation of health benefits.