

S.U.B. CLAIM FORM

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

S.S. # ____ / ____ / ____ Telephone #: _____

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

I am applying for _____ weeks during the month of _____ I understand I cannot be employed for more than 1 day in any week I am applying for.

1 st wk ending Friday date	2 nd wk ending Friday date	3 rd wk ending Friday date	4 th wk ending Friday date	5 th wk ending Friday date
____/____	____/____	____/____	____/____	____/____

I was laid off by the following Employer in the jurisdiction of I.B.E.W. Local 25

_____ on _____
(Name of Last Employer) (Date)

Proof that unemployment was collected must be provided for each week ending you are requesting, it must be included and submitted with every claim form in order to qualify for S.U.B. Benefits. Acceptable proof can be obtained from: www.dol.ny.gov

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

_____ I am unemployed and collecting State Unemployment Benefits. I understand PROOF must be submitted that I am receiving State Unemployment Benefits, for each week ending I am requesting.

_____ I am unemployed and have exhausted all my State Unemployment Benefits. I understand PROOF must be submitted that State Unemployment Benefits have been exhausted.

Note: If you file a false claim form and receive Supplemental Unemployment Benefits, you may be charged with a crime. Further, you will not be eligible for any more Supplemental Benefit.

Signature: _____ **Date:** _____

This form must be received at the Health & Benefit Fund Office prior to the 15th of the month following the month for which the claim is being submitted.

Termination: This SUB Program will terminate for the Participant at midnight on the date the Plan Participant terminates his coverage under the I.B.E.W. Local 25 Health and Benefit Fund, retires or dies. Any Participant who retires may transfer 100% of his funded Supplemental Unemployment Benefit account to his Medical Reimbursement Account to help pay for continuation of health benefits. The benefit will not be "available" for any claims occurring after that date and time credits shall thereafter be zeroed out.