

I.B.E.W. LOCAL NO. 25 HEALTH AND BENEFIT FUND  
SUPPLEMENTAL UNEMPLOYMENT BENEFIT  
372 MOTOR PARKWAY, HAUPPAUGE NY 11788  
631-434-3344

**S.U.B JURY DUTY CLAIM FORM**

Name: \_\_\_\_\_ S.S.N. \_\_\_\_\_  
Last 4: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

To qualify for the benefit payment, you must have an SUB available balance and must provide proof of attendance and service to jury duty for each day a benefit payment is requested.

**Due Date:** This form must be received by the Health and Benefit Fund office by the 15th of the month following the month for which the claim is being submitted. Include your "jury summons" and documentation from the Court proving that you served on the date(s) you completed your jury duty.

Jury Duty Dates Requested (please enter dates served):

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you file a false claim form and receive a benefit payment for jury duty, the Fund reserves the right to pursue the payment to the fullest extent of the law, and you will not be eligible for any additional benefit.

**Termination:** The SUB program will terminate for the participant when the 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/her 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.

The jury duty SUB benefit is subject to taxation. You will receive an annual tax form from the Fund office to use when you prepare your income taxes.

**Participant certification:**

***All information provided above is true and accurate. I have read and understand the information on this form.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_