

SUPPLEMENTAL UNEMPLOYMENT BENEFITS APPLICATION

**I.B.E.W. LOCAL UNION 363
SUPPLEMENTAL UNEMPLOYMENT BENEFIT PLAN
67 COMMERCE DRIVE SOUTH
HARRIMAN, NY 10926
(845) 783-3500**

_____	_____
Print Name	Social Security Number
_____	_____
Local 363 Card Number	Telephone Number
_____	_____
Address	City State Zip

I am applying for Supplemental Unemployment Benefit payment(s) for the week(s) **ending:**

___/___/___	___/___/___	___/___/___	___/___/___
___/___/___	___/___/___	___/___/___	___/___/___

Supplemental Unemployment Benefit payment(s) are subject to you reporting to the Plan Office within two weeks of termination from work in covered employment with a contributing employer.

If this is your **first time applying for benefits, you must attach Form W-4** (Employee's Withholding Allowance Certificate).

Attached is a copy of my **Official Record of Benefit Payment History** to substantiate that I was eligible for State Unemployment Insurance benefit(s) for the above week(s).

To be eligible for Supplemental Unemployment Benefit payment(s) for the week(s) above:

You must have received State Unemployment Insurance benefit(s) for the week(s) above. You must not have refused covered employment that was offered to you at any time during the 180 days immediately before the start of the week and, You must be on I.B.E.W. Local 363's Referral List at the start of each week.

_____	_____
Signature	Date

Supplemental Unemployment Benefit payments are **paid on the 15th and 30th** of each month. All Applications must include a copy of your State Unemployment Insurance benefit payment(s). **Applications must be received by the Fund Office no later than four (4) days prior to the payment date.**

THIS FORM CAN BE PRINTED FROM OUR WEBSITE: IBEWLU363.ORG

PAID		(THIS INFORMATION FOR OFFICE RECORDS)
DATE	CHECK NUMBER	