SHEET METAL WORKERS (LOCAL UNION NO. 28)
SUPPLEMENTAL UNEMPLOYMENT BENEFIT PLAN
195 MINEOLA BLVD., MINEOLA, NEW YORK 11501

APPLICATION FOR CONTINUED BENEFITS

(Please Print)

NAME:_____
(Last) (First)

ADDRESS:_____
(No.) (Street) (Apt.#) (City) (State) (Zip)

LAST 4 DIGITS OF SS#.:_____ TELEPHONE NO.:_____

Circle the week(s) in **January** during which you were unemployed and received State Unemployment Insurance Benefits.

01/02 – 01/08 **01/09 – 01/15** **01/16 – 01/22** **01/23 – 01/29**

From which state did you receive **JANUARY'S** Unemployment Insurance Benefits?

_____
(State)

Have you received any Workmen's Compensation Benefits or Disability Benefits for the week(s) for which you are applying for SUB Benefits? YES_____ NO_____

Have you at any time received any normal Pension or Retirement Benefits from any source including Social Security? YES _____ NO _____

I hereby certify that all the foregoing information is complete, accurate and true. I authorize the SUB Plan to make any inquiries necessary to confirm all items.

Supplemental Unemployment Benefits are governed in all respects by the Provisions of the Supplemental Unemployment Benefit Plan, as the same may hereafter be amended. The payment of any Benefits and its acceptance by me shall not prevent the Board of Trustees from recovering any payment made to me in excess of the amount to which I am entitled under the Provisions of the plan. The payment of any Benefits to me does not oblige the Board of Trustees to make any further payments in any amount whatsoever, except as provided by the plan, as it may be amended from time to time.

DATE: _____SIGNATURE _____

COMPLETED FORMS MUST BE RETURNED WITH COPY OF UNEMPLOYMENT PAYMENT HISTORY – AND BE SUBMITTED NO LATER THAN 12:00 NOON ON WEDNESDAY.

A SUB PLAN APPLICATION MUST BE FILED NO LATER THAN FOUR (4) WEEKS AFTER THE WEEK FOR WHICH YOU ARE CLAIMING BENEFITS.