SHEET METAL WORKERS' (LOCAL UNION NO. 28)
SUPPLEMENTAL UNEMPLOYMENT BENEFIT PLAN
195 MINEOLA BLVD., MINEOLA, NY 11501 * Tel. No.: 516-742-9478

APPLICATION FOR DECKING, SIDING, OR ROOFING WEATHER BENEFITS

Member Status: **Journeyman** _____ **Apprentice**_____ **Specialty Workers** _____
(term)

NAME:_____
(LAST) **(FIRST)**

ADDRESS:_____
(NO.) **(STREET)** **(APT.#)** **(CITY)** **(STATE)** **(ZIP)**

LAST 4 DIGITS OF SS#:_____ **TELEPHONE NO.:** _____
(AREA CODE) **(NO.)**

I am applying to the SUB Plan for two (2) hours of weather pay benefits for the following day(s) with the approval of the Business Agent. **(Please list each day on a separate line)**

DAY OF WEEK	MONTH/DAY/YEAR	EMPLOYER	LOCATION	B.A.CONTACTED

1)_____

2)_____

3)_____

4)_____

5_____

6)_____

I have attached a copy of the pay stub(s) which I received for each week which contains the above listed day(s).

I understand that this benefit is taxable income to me and that the amount of the benefit will be included in the 1099 sent to me by the SUB Plan after the end of the year. (I understand that no taxes are being withheld.)

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

DATE:_____ SIGNATURE:_____

Mail this form with copies of pay stubs to 195 Mineola Blvd., Mineola, NY 11501. All application must be received in the SUB Plan Office no later than 60 days after the date(s) for which you are applying for benefits.

DATE:_____ B.A.'S SIGNATURE_____

DATE:_____ B.A.'S SIGNATURE_____