

Electrical Workers General Welfare Fund
28600 Bella Vista Parkway, Suite 1110
Warrenville, IL 60555-1600

NOTICE TO ALL PARTIES COMPLETING THIS FORM: It is fraudulent to fill out this form with information you know to be false or to omit important facts. Criminal and/or civil penalties can result from such acts.

STATEMENT FOR SUPPLEMENTAL UNEMPLOYMENT BENEFIT CLAIM

One claim form must be completed each time you submit a claim to receive supplemental unemployment benefits.

Member's Name _____ S.S. # _____
Street Address _____ Phone # _____
City & State _____ Zip _____

I hereby apply for benefits under the IBEW Local 701 Supplemental Unemployment Fund of the Electrical Industry. I recognize that benefits are paid for Sunday through Saturday periods which the Plan calls "Weeks." I apply for benefits for the following Week(s) ending:

Office Use Only					
Week Ending: ____/____/____	<input type="checkbox"/> CK	<input type="checkbox"/> H&W	<input type="checkbox"/> LOT	<input type="checkbox"/> PN	Eligibility List Days ____
Week Ending: ____/____/____	<input type="checkbox"/> CK	<input type="checkbox"/> H&W	<input type="checkbox"/> LOT	<input type="checkbox"/> PN	Eligibility List Days ____
Week Ending: ____/____/____	<input type="checkbox"/> CK	<input type="checkbox"/> H&W	<input type="checkbox"/> LOT	<input type="checkbox"/> PN	Eligibility List Days ____

I have supplied with this application state unemployment verification for all Weeks for which I seek benefits. I have also provided the Fund with photo identification.

I recognize that in determining my eligibility for benefits for any particular Week, the Fund will verify various records including IBEW Local 701 Health and Welfare eligibility and disability payment records, IBEW Local 701 Out-of-Work List Books and IBEW Local 701 Pension Fund records. This verification will be undertaken to determine whether I meet the Plan's requirements for receiving benefits.

I certify that, with respect to each Week for which I seek benefits, I have been unemployed, available for work and eligible for IBEW Local 701 Health and Welfare Benefits. I further certify that for each Week for which I seek benefits, as well as for at least part of each of the two Weeks immediately preceding the first week for which I seek benefits, I have been entered on one of the IBEW Local 701's Out-of-Work books. In addition, I certify that for each Week I seek benefits, I have NOT:

- a. Received Workers Compensation benefits, or
- b. Received Disability benefits under the IBEW Local 701 Health and Welfare Fund, or
- c. Received Pension benefits from the IBEW Local 701 Pension Plan or under any other Pension Plan of the Union or of the International Brotherhood of Electrical Workers, or
- d. Received any form of benefits from Social Security, including Disability benefits, or
- e. Been employed in the electrical industry in any other IBEW jurisdiction.

* I would like my check: MAILED HELD FOR PICK-UP

(Member's Signature) _____ (Date) _____