

Electrical Workers General Welfare Fund
28600 Bella Vista Parkway, Suite 1110
Warrenville, IL 60555
FAX-(630)393-3615
E-mail: info@ibew701fbo.com

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 _____

MEMBER MUST FILL IN ALL WEEK ENDING DATES BELOW or CLAIM MAY NOT BE PAID

I hereby apply for benefits under the IBEW Local 701 Supplemental Unemployment Fund of the Electrical Industry. I recognize that benefits are paid for Monday through Friday (**HOLIDAYS not included**) periods which the Plan calls "Weeks." I apply for benefits for the following Week(s) ending:

Week Ending ___/___/___ Eligible Days ___ Week Ending ___/___/___ Eligible Days ___
Week Ending ___/___/___ Eligible Days ___ Week Ending ___/___/___ Eligible Days ___
Week Ending ___/___/___ Eligible Days ___ Week Ending ___/___/___ Eligible Days ___
Week Ending ___/___/___ Eligible Days ___ Week Ending ___/___/___ Eligible Days ___

I recognize that in determining my eligibility for benefits for any particular week, the fund will verify various records including:

1. **Must be eligible under the IBEW Local 701 Health and Welfare plan for week(s) applying for.**
2. **Must be "available for work."**
3. **Must have not reached the 130 day annual limit or the 260 day lifetime maximum rule.**
4. **Must supply State Unemployment proof of payment for all week ending dates.**
5. **Application for benefits must be submitted within 90 days after the end of the week for which benefits are claimed.**

This verification will be undertaken to determine whether you meet the Plan's requirements for receiving benefits.

I also 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, 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)