

PAINTERS DISTRICT COUNCIL NO 4

HEALTH & WELFARE FUND

APPLICATION FOR SUPPLEMENTAL UNEMPLOYMENT

585 Aero Dr. Cheektowaga, NY 14225 Ph: 716-565-0234 Fax: 716-565-1494

In order to be entitled to a supplemental Unemployment Benefit from your Wage Replacement Account or a general Supplemental Unemployment Benefit, you must satisfy the following conditions:

- 1) You must be voluntarily laid off from work under the Collective Bargaining Agreement;
- 2) You must present proof that you are entitled to New York State Unemployment for the week that you wish to receive a benefit; and
- 3) You must not refuse to accept work that has been offered by a contributing employer.

The benefit fund office will process your claim based on your certification, below, that you have met the above-referenced requirements. You must submit a weekly statement from the New York State Unemployment website to ensure the continuation of benefits. Should you fail to do so, your benefit will cease, and will remain frozen until such time as you submit the required statement from New York State Unemployment.

Name (Print): _____

Last 4 of SS#: _____ - _____ - _____ - _____

Phone: _____

Address: _____

Week Endings: _____

I hereby apply for:

_____ PAP/SUB (250.00) – Supplemental Unemployment from my Wage Replacement Account

_____ SUBPAY (100.00) – Regular Supplemental Unemployment

_____ Waiting Week (400.00) from my Wage Replacement Account

I certify that I have been laid off from work under the Collective Bargaining Agreement, I am entitled to a New York State Unemployment benefit for the said week(s) and I have not refused work offered to me by the Union or a contributing employer.

Participant Signature

Date