

**LOCAL UNION 373 HEALTH & WELFARE FUND  
SUPPLEMENTAL UNEMPLOYMENT BENEFITS  
PO BOX 58 MOUNTAINVILLE, NY 10953 TELEPHONE (845)534-9522**

(This section for office use only)

Member # \_\_\_\_\_

Check Date \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_ LU # \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

**\*Current Benefit: \$100.00 per week for 10 weeks .**

Lay Off Date \_\_\_\_\_ Period of Claim \_\_\_\_\_ To \_\_\_\_\_

Verification of Unemployment: \_\_\_\_\_ Unemployment Payment History  
\_\_\_\_\_ Union \_\_\_\_\_  
(Business Manager or Agent must sign) Date

Note: If you have exhausted your state unemployment benefit, you must submit your last state unemployment check stub to verify eligibility. You must also have this application signed by the Business Manager or Agent to verify that you are unemployed, ready, willing and able to work.

**ONLY ORIGINAL STATE UNEMPLOYMENT PAYMENT HISTORY WILL BE ACCEPTED.**

I, the undersigned applicant, declare and represent to the Trustees of the LU 373 UA Health & Welfare Fund, that all the information set forth herein by me for this application is true and correct and is made for the express purpose as stated and furthermore, give permission to the Trustees to verify submittals as required..

Signed \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ I will pick my check up at the Fund Office \_\_\_\_\_ Please mail my check to me \_\_\_\_\_ Direct Deposit

\_\_\_\_\_  
**Trustee Approval/Signature**

The weekly benefit payment is \$100.00. This is a gross payment and the only tax that will be withheld will be Federal. You will receive a W-2 at the end of the year for tax purposes.

No more than one \$100.00 payment may be made to any one person for one week. You cannot draw both a supplemental unemployment payment and supplemental disability payment for the same week. No more than 10 weekly SUB benefit payments may be made to any one person for any one Plan Year for reason of unemployment under this Plan.

## **Section IV. The Supplemental Unemployment Benefit Program (S.U.B.)**

### **A. INTRODUCTION**

The S.U.B. Program is effective 5/1/05. The general purpose of the S.U.B. Program is to provide a supplemental weekly income to you when you are not working due to unemployment. Such benefit is in addition to your New York State Unemployment Benefit.

### **B. INITIAL AND CONTINUING ELIGIBILITY REQUIREMENTS FOR A SUPPLEMENTAL UNEMPLOYMENT BENEFIT**

For each week for which you want a payment you must satisfy the "service", "available", and "unemployed" requirements.

1. You must satisfy the following service requirement:

- You worked in covered employment at least 800 S.U.B. Hours in the Plan Year immediately before the Plan Year for which you want payment; and
- You worked in covered employment at least 80 S.U.B. Hours in each of any three months in the Plan Year that is 2 years prior to the Plan Year for which you want payment.

A S.U.B. Hour is an hour of your time for which contributions are required to be made to the Local 373 Supplemental Unemployment Benefit Plan. This term is important in fulfilling the service requirement for benefits.

2. You must show that you are available for covered employment. You must meet each of the following conditions:

- You must be registered with Local Union 373 as out of work and available for work;
- You must not refuse covered employment if it's offered to you (of course, if you refuse Covered employment for a day on which you are totally disabled, that will not count against you);
- You must not be receiving a pension benefit from Local Union 373 U.A. Pension Plan or any other pension plan.

3. You must be unemployed for a week (seven consecutive days Monday through Sunday).

If you receive a payment under New York State Unemployment Insurance system for the week, or such week is the "waiting week" under the State system, then you have satisfied the "unemployed" requirement for that week.