

VACATION/HOLIDAY/UNEMPLOYMENT PLAN  
JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY  
158-11 HARRY VAN ARSDALE JR. AVENUE, FLUSHING, N.Y. 11365  
PHONE 1-718-969-4040

APPLICATION FOR BENEFITS

PLEASE PRINT

NAME \_\_\_\_\_  
First Last  
ADDRESS \_\_\_\_\_  
Number and Street SOC.SEC.# \_\_\_\_\_  
Town or City LOCAL UNION # \_\_\_\_\_  
DIV. \_\_\_\_\_ UNION CARD # \_\_\_\_\_  
State Zip Code

**Please answer below:**

1. Are you (check one)  unemployed  employed  retired or left industry \_\_\_\_\_  
Date
2. If employed, indicate employer's name: \_\_\_\_\_
3. I am applying for [check applicable box(es)]:  
 Supplementary Unemployment Benefits  
 Holiday Benefits - Indicate dates: \_\_\_\_\_
4.  Lump Sum distribution (only if retired or left industry as indicated above)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**READ INSTRUCTIONS ON REVERSE SIDE**

*For Office Use Only*

Code	Amount	Date	TB Amount	TB Date

## **PAYMENT FROM THE VACATION/HOLIDAY/UNEMPLOYMENT PLAN**

You should refer to your summary plan description booklet as to your eligibility to receive distribution from this Plan. Listed below is the required documentation that must be attached to this application in order for payment to be made to you.

1. **Supplementary Unemployment Benefits**

In order to be eligible, you must be receiving Unemployment Benefits. The applicant must furnish a photocopy of the unemployment check stub to the Plan. You must notify the Plan when you return to work.

2. **Holiday Benefits**

Holiday benefits are automatically disbursed unless a written request is made not to receive the benefits.