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

NAM	E
	First Last PID. #
ADDI	Number and Street LOCAL UNION #
	Town or City DIV UNION CARD #
State	Zip Code
Please	e answer below:
1.	Are you (check one) unemployed employed retired or left industry
2.	If employed, indicate employer's name:
3.	I am applying for [check applicable box(es)]: Supplementary Unemployment Benefits Holiday Benefits - Indicate dates:
4. Date:	Lump Sum distribution (only if retired or left industry as indicated above) Signature:
	READ INSTRUCTIONS ON REVERSE SIDE
	For Office Use Only

Code	Amount	Date	TB Amount	TB Date
-				
		7	7	
				-

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.