# DEFERRED SALARY PLAN

## JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY

158-11 HARRY VAN ARSDALE JR. AVENUE, FLUSHING, N.Y. 11365
PHONE 1-718-969-4040 E-MAIL: supplementarybenefits@jibei.com

## APPLICATION FOR BENEFITS

***PLEASE PRINT***

NAME _____ _____
First Last

ADDRESS _____ PID # _____
Number and Street

_____ LOCAL UNION # _____
Town or City

_____ DIV. _____ UNION CARD # _____
State Zip Code PHONE # _____

***NOTE:*** ***You must first submit your request for reimbursement for all of the benefits indicated below to all other applicable benefit plans in which you have a balance.***

**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
- ☐ Supplementary Workers' Compensation Benefits
- ☐ Supplementary Disability Benefits
- ☐ Supplementary Economic Assistance Benefits (Medical/Dental/Drugs)
- ☐ Supplementary Financial Assistance Benefits (Delinquent Mortgage/Rent) - Indicate month(s): _____
- ☐ Supplementary Vacation and Holiday Benefits - Indicate vacation dates: _____
- ☐ College Tuition Reimbursement Benefit: _____
Semester Child's Name
- ☐ Non-College Private School Tuition Reimbursement: _____
School Year Child's Name
- ☐ Cobra Premium Reimbursement: Month & Year: _____
- ☐ Jury Duty Benefit
- ☐ Funeral Leave Benefit - Indicate relationship of deceased to participant: _____
- ☐ Adoption Expenses
- ☐ Child Care Reimbursement

***Do not send in duplicate bills or bills previously submitted and paid through any other employee benefit plan.***

***I understand that all distributions for these benefits may be made only from the employer contribution portion of my Deferred Salary Plan account and are subject to the applicable taxes under IRS regulation as indicated on the back of this form.***

Date: _____ Signature: _____

**E-Mail To:** supplementarybenefits@jibei.com ***For Office Use Only***

| Code | Amount | Date | TB Amount | TB Date |
|---|---|---|---|---|
| | | | | |
| | | | | |

DS-10

***READ INSTRUCTIONS ON REVERSE SIDE***