

APPLICATION FOR BENEFITS – SUB FUND

P.O. BOX 71337, MADISON HEIGHTS, MI 48071

Phone (586)575-9200 - Fax (586)575-9209

I hereby make application for Supplemental Unemployment Benefits under the provisions of the Supplemental Unemployment Benefit Plan of the Electrical Industry and the rules and regulations governing the administration thereof. Address shown below must be in geographical area of Fund. Proof of residency may be required.

_____ Name-Please Print				_____ Social Security Number
_____ Number & Street	_____ City	_____ State	_____ Zip Code	_____ Telephone Number
_____ Name of Last Contributing Employer in Geographical Area of Fund				_____ Date of Termination of Employment

I hereby certify that I am, and have been, available for work in the jurisdiction of Local Union #58 since the date of termination of employment shown above, that I have not refused more than one job opportunity since said date, and that I have registered for employment on the Registration List maintained by Local Union #58, I.B.E.W. Regardless of whether I am registered on the Registration List, I understand I cannot be considered available for work if I am on vacation or, if I receive benefits under a Retirement Plan of the Local Union, or the International Brotherhood of Electrical Workers, or under Social Security or, if I am outside the geographical area of the Fund.

Card No. _____	_____ Date	_____ Employee's Signature
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I elect to have my benefit paid by: Direct Deposit (Complete Authorization Below)

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize the Electrical Workers' Supplemental Unemployment Benefit Fund to make credits to the account shown below. Adjusting entries to correct errors are also authorized. I authorize the Depository Financial Institution listed below to accept these transactions. This authorization will remain in effect until the Supplemental Unemployment Benefit Fund receives written notice of termination. I acknowledge receipt of a completed copy of this authorization. **If you do not have your direct deposit information with you please contact the benefit office at the above number ext. 215.**

Name of Financial Institution _____
Account Number _____ Routing/Transit No. _____
Type of Account (Check One): Checking <input type="checkbox"/> Savings <input type="checkbox"/>

NAME OF AUTHORIZING PARTY MUST APPEAR ON ACCOUNT GIVEN. PLEASE INCLUDE A VOIDED CHECK (IF APPLICABLE)

_____ Signature of Participant (Authorizing Party)	_____ Date
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UNION VERIFICATION - Employee's Copy of Notice of Separation – MESC Form UC711

Cause of Separation Discharge _____ Quit _____ Lay-off _____ Other _____
Reason in Full _____

_____ Signature of Authorized Union Representative	_____ Date of Verification
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BENEFIT OFFICE USE ONLY: Credits _____ As of Week Ending _____ W2 _____