

I.B.E.W. LOCAL 363 SUB PLAN
67 Commerce Drive South
Harriman, NY 10926

Application For Weekly SUB Benefit

1. My name is: _____
(Please Print Name)

2. My Local 363 card # is: _____

My Social Security Number is: _____

3. I believe I am entitled to a SUB benefit payment for the week that started: _____
(a Sunday)

4. I realize that to be eligible for a benefit payment for the week, I must have received a State unemployment benefit for the week, I must not have refused covered employment that was offered to me at any time during the 180 days immediately before the start of the week, and I must be on Local 363's referral list at the start of the week.

5. Attached is proof that I was entitled to a State unemployment benefit for the week:

Check one and attach: State certification or State check stub

6. Attached is Form W-4 (Employee's Withholding Allowance Certificate)

7. Application for this benefit payment must be made no later than two weeks after the week for which you want a benefit.

Signature of applicant: _____

Date of signature: _____

SUB PAYMENTS ARE PROCESSED ON THE 15TH AND 30TH OF EACH MONTH. PLEASE HAVE ALL PAPERWORK COMPLETED AND SUBMITTED NO LATER THAN (4) FOUR DAYS PRIOR TO EACH PAYMENT DATE.