SEVERANCE SUB

Supplemental Unemployment Benefit Fund
1100 NE Frontage Road, Joliet, IL 60431
815-729-2666 opt 3
Fax: 630-967-3080

Date:_____
Home Local #_____

APPLICATION FOR BENEFITS FOR NON-LOCAL 176 MEMBER

I hereby make application for Supplemental Unemployment Benefits under the provisions of the IBEW Local 176 Supplemental Unemployment Benefits, Joliet, IL and the rules and regulations governing the administration thereof.

_____ _____
Name: Please Print Social Security Number

_____ _____
Address: Number & Street City State Zip Telephone Number

Name of last employer in Local 176's Jurisdiction Date of Termination of Employment

_____ _____

I hereby certify that I am not a Local 176 member and that I am not legally obligated to pay an agency fee to Local 176. I further certify that more than 3 months have elapsed since the end of the last month for which my last employer in Local 176's jurisdiction made contributions on my behalf and that this application is made within 24 months of the last day on which I was employed by that employer.

Employee's
Signature:_____

Union Verification
FOR OFFICE USE ONLY

Severance Benefits _____ Last Month for which Contributions were Made:_____

_____ _____
Signature of Authorization Date of Verification