

**Supplemental Unemployment Benefit Fund**  
***Application for Benefits***

Please see the next page for eligibility rules.

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(Member's Name – Please Print)

(Social Security Number)

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(Address)

(City, St, ZIP)

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(Telephone Number)

(Email)

Your signature on this application confirms that you have read and understand the SUB Plan provisions and requirements. In order for your application to be approved, you must provide the UI Finding issued by IDES and the Payment Detail Record. Thereafter, you can supply a UI pay stub or the Payment Detail Record printout from the IDES website in order to continue payments under this application.

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(Member's Signature)

(Date)



**Your Funds. Your Foundation. Your Future.**

18670 Graphics Drive, Suite 201  
Tinley Park, IL 60477-6257  
Phone 708 449 9004  
Toll Free 866 661 1021  
[www.myfundoffice.com](http://www.myfundoffice.com)

## Eligibility for Benefits:

- Worked 1,200 hours or more in Covered Employment in the previous four completed Working Quarters; and
- Had your employment with an Employer terminated involuntarily due to layoff or reduction in workforce (no benefits are paid if unemployment is the result of a strike or work stoppage); and
- Be receiving state unemployment compensation; and
- Be registered with the Union as available for work on the Out-of-Work Book, be available to work in Covered Employment, and otherwise comply with the Union's out of work procedures; and
- Not be receiving Social Security benefits; and
- Not be receiving benefits from the Local Union No. 9, IBEW and Outside Contractors Pension Fund, and
- Are unemployed for at least two weeks prior to commencement of benefits under this Plan, and the beginning date of unemployment shall be the Claim Date as shown on your unemployment benefit check or check stub issued by the Illinois Department of Employment Security or a like government entity if you reside outside the State of Illinois; and
- Not be receiving loss of time benefits from the Local Union No. 9, IBEW and Outside Contractors Health and Welfare Fund, and
- Not be working outside the geographical area of the Union's jurisdiction (i.e., Cook County, Will County, Grundy County, and Kankakee County, Illinois) in a trade or craft otherwise covered under the Collective Bargaining Agreement; and
- Not be subject to an exhaustion of your benefit under this Plan.

Please refer to the Summary Plan Description for all eligibility rules and requirements for benefits.

IBEW9+MSECA  
FRINGE BENEFITS TRUST FUNDS

**Supplemental Unemployment Benefit Fund**  
**Application for Benefits**  
**Direct Deposit Form**

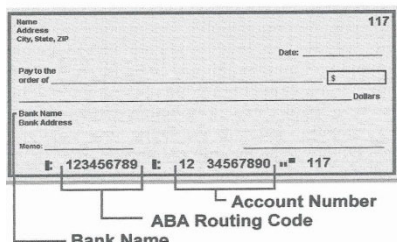
(Member's Name – Please Print)

(Social Security Number)

(Telephone Number)

(Email)

Example Check



Your Routing Number: \_\_\_\_\_

Your Account Number: \_\_\_\_\_

Account Type:                      **Checking**                      **Savings**  
(Please circle)

By signing below, I authorize the Local Union No. 9, IBEW and Outside Contractors Supplemental Unemployment Benefit Fund (the Fund) to deposit my benefit payment to the following bank account as listed. I understand that FICA and Medicare taxes will be withheld as required by IRS regulations. I understand that benefit payments from this Fund are taxable under the Federal and/or State in the year which the payments are received. I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize the Fund to make direct deposits into the named account. By signing this application, I confirm that I have read and understand the SUB Plan provisions and requirements to receive this benefit.

(Member's Signature)

(Date)



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**Illinois Department of Employment Security**  
P.O. Box 19509  
Springfield, IL 62794  
Phone: (800) 244-5631 • TTY: (800) 244-5631  
Fax (217) 557-4913  
[www.ides.illinois.gov](http://www.ides.illinois.gov)



ST

8241

Date Mailed: 0 [REDACTED] 16

Claimant ID: 2

**(Este es un documento importante. Si usted necesita un intérprete, póngase en contacto con el Centro de Servicio al Reclamante al (800) 244-5631)**

Filing Type: Telephone

Last Day Worked: 06/03/2016

Last Day Worked: 06/03/2016

Unemployed Reason: Laid-Off (Lack of Work)

Your first certification date is: 06/21/2016

**The best way to certify for benefits is the internet. You can certify for benefits online at [www.ides.illinois.gov/certify](http://www.ides.illinois.gov/certify). You also can certify by telephone by calling (312) 338-4337. These services are available Monday - Friday from 5 a.m. to 7:30 p.m.**

You elected to have state income tax deducted from your unemployment benefits, 3.75% will be withheld and sent to the Illinois Revenue Department.

You previously elected to have your unemployment benefit checks payments deposited directly into your checking account. Our records indicate the last four numbers of your checking account are 8030 at FIFTH THIRD BANK. Any unemployment benefits made payable will be electronically deposited into this account. If this information is not correct, you can update your bank account number and routing number via the internet at [www.ides.illinois.gov](http://www.ides.illinois.gov) or contact the Agency at the phone number listed above.

Benefit Year End Date: 01/23/2017

**Program Type:** Regular

Employer Name	Q4/2014 (\$)	Q1/2015 (\$)	Q2/2015 (\$)	Q3/2015 (\$)
MEADE ELECTRIC CO INC	21,420.67	20,468.40	25,280.98	26,196.25

\*If any of the wages shown above are not yours, or if there are no wages shown above, contact the Agency at the phone number listed above.

Benefit Amount Per Week: \$595.00

**Maximum Benefit Balance (Does not include dependency allowance): \$5,244.00**

If you think this information is incorrect or require additional information, contact the Agency at the phone number listed above.



## Example of Payment Detail needed every two weeks within 14 days of issue date



### Unemployment Insurance Application

| Language **English** | Home | Logout

Unemployment  
Services

[Individual Home](#)

[Illinois Job Link](#)

[IDES Website](#)

#### Payment Detail

Name: [REDACTED]

Claimant ID: [REDACTED]

Below is the Payment Detail for the selected Payment. Please be advised about the following payment calculation rules:

- The Net Weekly Benefit Amount value is rounded down to the nearest dollar
- If the Maximum Benefit Amount balance was less than the New Weekly Benefit Amount when the payment was calculated, the Net Weekly Benefit Amount was set to the Maximum Benefit Amount balance
- State Taxes are withheld at 3.75 percent of the Benefits Payable amount
- Federal Taxes are withheld at 10 percent of the Benefits Payable amount
- The Sum of the Net Benefits Paid amounts for each week is your payment amount
- FAC - Week includes \$25 Federal Additional Compensation Supplement

To view another Payment detail, click << BACK to return to the Payments screen and select another payment.

#### Claim Information

Benefit Year Ending: 01/23/2017

Current Maximum Benefit Amount Balance: \$ 5,244.00

#### Payment Information

Payment ID: [REDACTED]

Payment Method: Direct Deposit Payment Status: Deposited

Issued Date: 06/22/2016

Bank Account Number: [REDACTED]

Bank Name: [REDACTED]  
BANK

#### Weeks Paid

Week 1 End Date: 06/11/2016 Net Benefits Paid: \$ 513.00 Benefit Explanation: Regular

Week 2 End Date: 06/18/2016 Net Benefits Paid: \$ 513.00 Benefit Explanation: Regular

Payment Amount \$ 1,026.00

#### Weekly Detail

Week 1 End Date: 06/11/2016

Program: Regular

Weekly Benefit Amount: \$ 437.00

Wages Reported:

\$ 0.00

Wage Deductions: \$ (0.00)

Vacation Pay Deduction: \$ (0.00)

Holiday Pay Deduction: \$ (0.00)

Social Security Deduction: \$ (0.00)

Pension Deduction: \$ (0.00)

Unavailable Days:

0

Worker's Comp Deduction: \$ (0.00)

Unavailable Deduction: \$ (0.00)

Total Deduction: \$ (0.00)

Net Weekly Benefit Amount: \$ 437.00

Dependency Allowance: \$ 158.00

Benefits Payable: \$ 595.00

Overpayment Type:

Recoupment Amount: \$ (0.00)

Child Support Deduction: \$ (0.00)