

Supplemental Unemployment Benefit Fund
Application for Benefits

Please see the next page for eligibility rules.

(Member's Name – Please Print)

(Social Security Number)

(Address)

(City, St, ZIP)

(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.

(Member's Signature)

(Date)



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18670 Graphics Drive, Suite 201
Tinley Park, IL 60477-6257
Phone 708 449 9004
Toll Free 866 661 1021
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.



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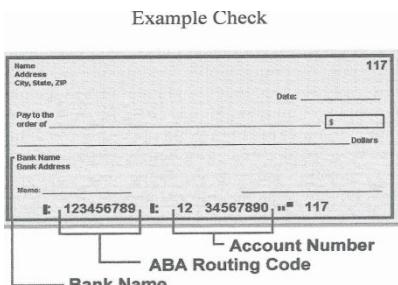
Supplemental Unemployment Benefit Fund
Application for Benefits
Direct Deposit Form

(Member's Name – Please Print)

(Social Security Number)

(Telephone Number)

(Email)

Staple a Voided Check Here**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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Example of Payment Detail needed every two weeks within 14 days of issue date



Unemployment Insurance Application

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[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]8	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)