

**SHEET METAL WORKERS LOCAL NO. 33
SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND**

PO Box 4450

Troy, MI 48099-4450

(248) 641-4943 Toll Free: (800) 851-6024 (248) 556-2593 – Fax

Email address: smw33@subfund.org

APPLICATION FOR BENEFITS FOR LAY-OFF

Name: _____

Soc. Sec. No.: _____ Date of Birth: _____

Address: _____

Telephone Number: _____

Last Day Worked: _____ Name of Employer: _____

My Classification is: (check one) Apprentice _____ Journeyman _____

Applications must include the following:

- * Termination Notice
- * Proof of Unemployment
- * Completed W-4 Form (one per calendar year)

Lay-Off

Required: A copy of one (1) of the following must be included with application:

- * Completed and Signed Unemployment Card
- * Unemployment Check showing week number or date
 - * State Unemployment denial letter
 - * Exhausted Benefits Notice
 - * Lack of Hours Worked

Required: A copy of one (1) of the following must be included with application:

- * Check stub indicating 16 hours or less with your name and pay period ended
- * Letter from contractor indicating zero hours worked (first week of claim only)

Signature of Applicant: _____ Date: _____

Sheet Metal Workers Local No. 33 Supplemental Unemployment Benefit checks will be issued only upon receipt of necessary proof of unemployment and only to Participants available for work at the time of application and for every week thereafter, as verified by the Local Union. Applications must be postmarked within (30) days of your last day worked.

REMINDER:

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- **Completed W-4 Form
(one per calendar year)**