

SHEET METAL WORKERS' LOCAL UNION NO. 104
SUPPLEMENTAL UNEMPLOYMENT AND SUPPLEMENTAL HEALTH CARE PLAN
P.O. BOX 1917 SAN RAMON, CA 94583
TELEPHONE 1(800) 548-1771 FAX (925) 478-4844

APPLICATION FOR BENEFITS

Name: _____ Telephone # _____

Address: _____

Birth Date: _____ SS# _____

Email Address: _____ Claim Start Date: _____

Last Employer: _____

Last Day Worked: _____ Date of Termination: _____

In accordance with the rules and regulations adopted by the Trustees, I understand that in order to be eligible and/or to maintain eligibility for benefits that I waive any right to object to the release of information regarding my employment, retirement or disability status from the Northern California Sheet Metal Workers' Trust Funds and/or Sheet Metal Workers' Local. I acknowledge that I have received the notice of SUB Claim/Eligibility requirements.

Date

Signature of Applicant

I have applied for:

(Check One) **California State Unemployment** **Jury Duty** **California State Disability**
 Worker's Compensation Insurance from _____

IMPORTANT NOTE: Checks will be directly deposited to your Credit Union VACATION Account.

Please answer Yes or No to all of the following questions:

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you employed, but working short hours?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are your monthly dues payments and/or initiation payment current?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you signed to the "Out of Work List"? What date? _____ Where? _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you available for work?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you refused work?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you an Owner, Owner/Member, Stockholder or Partner in a S/M Co.?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you receiving Social Security?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you applied for, or are you receiving a Pension as a retiree? If so, what is the effective date? _____

I declare under penalty of perjury under the laws of the State of California that the foregoing information is true.

Date

Signature of Applicant

Bus Rep Initials

FOR YOUR INFORMATION *Except for holiday weeks, all claims will be accepted until 12:00 pm Wednesday. Claims received after 12:00 pm will be included in the next week's paychecks. Checks are available for pick-up Thursday, after 3:00pm from the Credit Union Office. Unemployment claims must be submitted within 90 days and disability claims must be submitted within 120 days.*