



SHEET METAL WORKERS' LOCAL UNION NO. 80

FRINGE BENEFIT FUNDS

P.O. Box 1408 / Troy, MI 48099-1408 / (248) 641-4980 (800) 400-7710

APPLICATION FOR SEVERANCE BENEFITS

State of: _____

County of: _____

I, _____, hereby certify that I have terminated my employment in the Sheet Metal Workers' Industry. I am at least age 55 with ten (10) or more years of consecutive service in the Supplemental Unemployment Benefit Plan, and I am, therefore, eligible for the Severance Benefit. I understand that the Severance Benefit shall be paid only once in an employee's Lifetime and payment thereof shall cancel all credits accumulated under the Plan as of the date of termination. I further understand that I will never qualify for a second Severance Benefit nor will I ever be eligible for Weekly benefits.

I further understand that the amount of the Severance Benefit shall be equal to 100% of the total number of unused credits remaining in my credit account on the date this application for the severance benefit.

Name: _____

Social Security Number: _____

Address: _____
(Number and Street) (City) (State) (Zip Code)

Telephone Number: _____

Employee Termination date: _____

Name of Last employer: _____

Signature of Applicant

Date