

APPLICATION FOR PAYMENT OF TRAVEL BENEFITS

Supplemental Unemployment Benefits (SUB) may be paid to participants working beyond the geographical jurisdiction of Sheet Metal Workers Local 292 under the following conditions:

1. The participant must have SUB credits and be otherwise eligible for benefits.
2. The participant must be employed by a signatory employer to a Union Agreement with the Sheet Metal Workers International Association or any Building Trades beyond the geographic jurisdiction of Sheet Metal Workers Local Union 292.
3. The participant must work a minimum of three (3) days of the scheduled workweek to receive one (1) SUB credit for that week.
4. The participant must confirm that he is not receiving any type of travel pay, per diem or stipend under the CBA.
5. The participant must submit a verification of employment form from the employer.
6. The participant must submit a signed acknowledgement statement from Local 292.

ACKNOWLEDGEMENT

I hereby verify that the hours and worksheets I have reported were worked for the employer referenced on this Application, were worked outside of the geographic jurisdiction of the Sheet Metal Workers Local 292, and are accurate and complete. I understand that if I have made any false or inaccurate statements on this Application, I am required to refund the full amount of the SUB Benefit(s) that I have received to the Sheet Metal Workers Local 292 Supplemental Unemployment Benefit Fund. Pursuant to the provisions of the SUB Plan, I cannot receive additional SUB Benefits or accrue additional credits until I have repaid the Fund any benefits paid to me to which I was not entitled. I acknowledge that the Trustees have the right to take any action, including cancellation of any remaining credits, termination of my participation in the Fund, and collection litigation against me, if I fail to return any amounts I receive in violation of the above requirements and those of the Fund's Plan. I acknowledge my full legal liability to the Fund for any amounts received from the SUB Fund to which I am not entitled.

NAME (Please Print)

SIGNATURE

DATE

TO BE COMPLETED BY APPLICANT

WEEK 1	MON	TUES	WED	THURS	FRI	SAT	SUN
DATE							
HOURS WORKED							

WEEK 2	MON	TUES	WED	THURS	FRI	SAT	SUN
DATE							
HOURS WORKED							

(Please Print)

LAST NAME

FIRST NAME

LAST 4 DIGITS OF SS#

EMPLOYER

JOB

LOCATION

Claims with all required documentation must be received by the Fund no later than 30 days following the last day of each week in which the work was performed outside the geographic jurisdiction of the Union.

TO BE COMPLETED BY AN AUTHORIZED EMPLOYER REPRESENTATIVE

I hereby verify that the hours and dates reported by the Applicant as worked for our company.

AUTHORIZED EMPLOYER NAME (Please Print)

TITLE

AUTHORIZED EMPLOYER SIGNATURE

DATE

**TO BE COMPLETED BY AN AUTHORIZED UNION REPRESENTATIVE OF
SHEET METAL WORKERS LOCAL 292**

I hereby verify that the Applicant has received a referral from Local 292 to work for the Employer referenced above outside the jurisdiction of Local 292 for the time period indicated above.

UNION REPRESENTATIVE NAME (Please Print)

TITLE

UNION REPRESENTATIVE SIGNATURE

DATE