



SHEET METAL WORKERS' LOCAL 292
FRINGE BENEFIT FUNDS
P.O. Box 189
Troy, MI 48099-0189
(248) 641-4992 (888) 646-6565

IMPORTANT NOTICE TO ALL PARTICIPANTS

The Trustees of the Sheet Metal Workers Local No. 292 Supplemental Unemployment Benefit Fund have made the following changes to the Plan, effective April 1, 2019:

A NEW Severance Benefit:

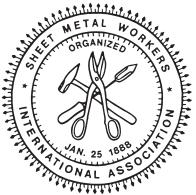
Effective April 1, 2019, a new Severance Benefit will be payable from the Fund if you:

1. Have attained age 55;
2. Have participated in the Plan for ten (10) or more calendar years after the last time your credits were canceled as result of not working in covered employment for a period of 24 consecutive months;
3. Your employment with an Employer has terminated for any reason, and you have permanently severed your relationship with the Sheet Metal Workers' Industry.
4. Submit an Application for Severance Benefit within 90 days after you meet the above requirements.

The Severance Benefit shall be payable in a single lump sum equal to 50% of your unused credits at the time of the application multiplied by the benefit rate applicable to your work classification at the time of the application.

Severance Benefits shall be paid only once in your lifetime and such payment will cancel all credits accumulated under the Plan as of the date of the application. After Severance Benefits are paid, you will not be eligible to accrue any additional credits with the Fund if you later return to employment in the Sheet Metal Workers' Industry.

Please keep this Notice with your current Summary Plan Description for future reference. If you have any questions or concerns, please contact the Fund Office at (248) 641-4992.



SHEET METAL WORKERS' LOCAL 292
FRINGE BENEFIT FUNDS
P.O. Box 189
Troy, MI 48099-0189
(248) 641-4992 (888) 646-6565

APPLICATION FOR SEVERANCE BENEFITS

I, _____ hereby certify that I have terminated my employment in the Sheet Metal Workers' Industry. I am at least 55 years old and I have participated in the SUB Fund for at least 10 years after the last time my credits were canceled as result of not working in covered employment for a period of 24 consecutive months, if applicable.

I understand that the Severance Benefits shall be paid only once in my lifetime and payment thereof shall cancel all credits accumulated under the Plan as of the date stated below. I further understand that I will never qualify for a second Severance Benefit nor will I ever be eligible for Weekly Benefits if I later return to employment in the Sheet Metal Workers' Industry.

I further understand that the amount of Severance Benefits shall be equal to 50% of the total number of unused credits remaining in my credit account on the date of this Application for the Severance Benefits multiplied by the benefit rate in effect at that time.

Applicant's Name: _____

Social Security Number: _____

Applicant's Address: _____

Applicant's Phone #: _____

Employment Termination Date: _____

Name of Last Employer: _____

Please note that this Application must be submitted within 90 days after you meet the eligibility requirements for a Severance Benefit.

PARTICIPANT CERTIFICATION

I hereby certify that all of the information furnished by me on this request is, to the best of my belief and knowledge, true and complete. I hereby state that I am submitting all required documentation with this Application Form.

Applicant Signature

Date