



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

**SHEET METAL WORKERS LOCAL 292 SUB FUND
JURY DUTY BENEFIT APPLICATION**

NAME _____
Last _____ First _____

SS# _____

DATE OF APPLICATION _____ DATE OF SERVICE _____

I hereby request SUB Benefits provided by the Sheet Metal Workers Local 292 SUB Fund for lost wages due to Jury Duty in the:

City of _____ State of _____

County of _____ Other _____

Court _____

First day of lost wages _____

Last day of lost wages _____

Documentation Provided:

- Check stub from the court
- Note from then-current employer

Please note that the Funds' provision for Jury Duty for any week or partial week of lost work due to the employee's service on Jury Duty provided application is received within 30 days of Jury Duty and accompanied by a copy of the employee's check stub from the Court indicating the dates of service and a note from the then-current employer verifying the dates on which work was missed. You must have a loss of work due to Jury duty a minimum of 1 day in a 5 day work week.

I understand that the SUB Fund eligibility requirements for Jury Duty Benefits are the same as for any other benefit from the Fund. A credit will be deducted for each Jury Duty Benefit payment.

Signature