

U.A. Local No. 393 Benefit Funds

HEALTH & WELFARE, SUB, DEFINED BENEFIT PENSION AND DEFINED CONTRIBUTION

6293 San Ignacio Ave ■ San Jose, CA 95119 ■ P.O. Box 2460 ■ San Jose, CA 95109-2460
 (408) 588-3751 ■ (408) 436-8210 fax ■ Staff@ualocal393benefits.org ■ www.ualocal393benefits.org

Supplemental Unemployment Benefit (SUB) Plan Application Instructions

New Claims:

- Complete the application on the following page
- Complete a W-4 federal tax withholding form
- Include documentation: either a copy of your unemployment check stub or a screenshot of your online payment from the EDD website (must include Benefit Week Ending Date, your name, and amount paid)
- Submit your complete claim to:

U.A. Local 393 Benefit Funds
 SUB Benefits
 P.O. Box 2460
 San Jose, CA 95109

Fax: (408) 493-0232
 Email: sanjosesub@benesys.com

Continuing Claims:

Submit a copy of your unemployment check stub or a screenshot of your online payment from the EDD website (must include Benefit Week Ending Date, your name, and amount paid):

U.A. Local 393 Benefit Funds
 SUB Benefits
 P.O. Box 2460
 San Jose, CA 95109

Fax: (408) 493-0232
 Email: sanjosesub@benesys.com

Please include your address and telephone number if your contact information has recently changed.

Payment Information:

- Supplemental Unemployment Benefits (SUB) are paid on Wednesdays.
- To receive your payment by check, your complete claim must be received by 1:30 PM on Tuesday to have a check issued and mailed to you the following day (Wednesday).
- To receive your payment by direct deposit, your complete claim must be received by 1:30 PM on Friday to receive electronic payment the following Wednesday.

Submit your claims as soon as possible. Unemployment claims must be submitted within 180 days of the EDD week ending date (or within 180 days of an EDD appellate decision).

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Supplemental Unemployment Benefit (SUB) Plan Application for Benefits

PERSONAL INFORMATION

Name: _____ Social Security No.: _____

Date of Birth: _____ Classification: _____

Address: _____

Email: _____ Phone Number: _____

Last Employer: _____ Last Date Worked: _____

	Yes	No
Are you employed, but not full time?	<input type="checkbox"/>	<input type="checkbox"/>
Are you on the workshare program?	<input type="checkbox"/>	<input type="checkbox"/>
Are you signed on the Out of Work List? If yes, what date? _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you on Disability? If yes, what date(s)? _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you retired? If yes, what date? _____	<input type="checkbox"/>	<input type="checkbox"/>

I hereby apply for Supplemental Unemployment Benefits. I acknowledge, under penalty of law, that I am entitled to benefits for a particular week only if I am unemployed that week and have been registered for work on the UA Local 393's Building Trades Joint Hiring Hall out-of-work list and am actually available for work continuously since my last employment for which contributions were made to this Plan, unless I am applying for Supplemental Unemployment Benefits on the basis of workshare. I agree to notify the U.A. Local 393 Trust Fund immediately if I am no longer eligible for benefits. I understand that this benefit is subject to state and federal income tax withholding.

Signature: _____ Date: _____