



HARRISON TRUST
A FAMILY HEALTH PLAN
WWW.HARRISONBENEFITS.ORG

**Flex Plan Supplemental Unemployment Benefit
Form for Temporary Use During COVID-19 High Unemployment**

I, _____, am a Participant in the Harrison Electrical Workers Health and Welfare Trust (Harrison Trust). I swear under penalty of perjury under the laws of the State of Oregon and the federal Employee Retirement Income Security Act ("ERISA") that the statements in this affidavit are true and that the Plan and Plan representatives may rely upon such statements.

My Member ID# is: _____.

I certify that I have met the following criteria:

- Been unemployed for a minimum of one (1) week; Supplemental Unemployment is subject to a waiting week and payment will not be issued for the waiting week;
- My last day of employment was: _____;
- My waiting week is: _____;
- Week(s) applied for benefits:
 - Number of weeks _____;
 - Beginning date _____; ending date _____.

***Please Note: A claim week is Sunday to Saturday**

I understand and agree that if my Unemployment Claim is denied by the State, any monies received during the time period in which the Claim was denied will be required to be returned to the Harrison Trust by me.

I understand and agree that if I have made any false statements in this affidavit, and the Harrison Trust suffers any loss as a result thereof, the Harrison Trust or Board of Trustees may bring a civil action against me to recover any losses incurred by the Harrison Trust, including reasonable attorney's fees and court costs.

I certify under penalties of perjury that the information in this affidavit is true and correct to the best of my knowledge and belief.

(Signature of Employee)

Date: _____

***THIS FORM MUST BE TURNED IN WITH THE FLEX CLAIM FORM. NO CLAIM WILL BE PAID WITHOUT THE FLEX CLAIM FORM. ONLY UP TO TWO WEEKS OF BENEFITS WILL BE PAID USING THE TEMPORARY FORM.**