

JOINT WELFARE FUND OF LOCAL UNION 164 IBEW

425 Eagle Rock Ave, Roseland NJ 07068

SUB APPLICATION

NAME : _____

S.S. # : XXX-XX-
Only Last 4

ADDRESS: _____

L.U. # : _____

CARD # : _____

Effective April 1st, SUB Benefits are in affect. Please attach a copy of your State Unemployment check and stub. You will be entitled to SUB Benefits starting with the period of April 1st, 2020 onward.

(Attach here)

Make sure you signed the Out-of-Work List

ف No ف Yes

Have you returned to work?

ف No ف Yes Please list the date you returned to work

Were you disabled during the period you are applying for benefits?

ف No ف Yes Please list the date you became disabled

Did you receive payment for any services from any source during the period you are applying for benefits?

ف No ف Yes Please list the source

I understand that I will not receive Joint Welfare Fund SUB payments unless I complete a SUB Application Form and attach a copy of my State Unemployment check and stub for each period, I am requesting payment. I certify the above information is true and I understand a false statement may disqualify me for all Welfare Fund benefits and that the Trustees shall have the right to recover SUB payments made to me because of a false statement.

Signature:

Date: