

SHOPMEN'S LOCAL 527 BENEFIT FUND
Toll Free # 1 (800) 858-7870
2945 BANKSVILLE ROAD
PITTSBURGH, PA 15216
(412) 341-6183

APPLICATION FOR SUPPLEMENTAL UNEMPLOYMENT BENEFITS

Name _____ Social Security Number _____
 Address _____ Seniority Date _____
 _____ Hourly Rate _____ Telephone _____

APPLICATION CERTIFICATION

YES OR NO

- ___ Did your layoff commence after completion of one (1) year continuous service with the Union?
- ___ Did you register at and report to the State Unemployment Office each week of Lay-off?
- ___ Did you have a "Waiting Week"?
- ___ Did you receive or were you eligible to receive a State Unemployment Benefit?

YES OR NO

- ___ Was your separation due to a quit or discharge?
- ___ Was the lay-off a consequence of a strike or work stoppage?
- ___ Did you refuse to accept suitable employment under the State System?
- ___ Were you eligible for and/ or collected and accident or sickness or total disability benefit or and SUB benefit from another employer?
- ___ Were you eligible for and/ or collected a pension or retirement benefit financed in whole or in part by the Company?

Date of lay-off _____

Date returned to work _____

Is there child support withheld? _____

Federal withholding tax Y - N \$ _____

STATE UNEMPLOYMENT CHECK

STATE UNEMPLOYMENT CHECK

AMOUNT	CHECK NO#	WEEK ENDING	AMOUNT	CHECK NO#	WEEK ENDING
1. _____			5. _____		
2. _____			6. _____		
3. _____			7. _____		
4. _____			8. _____		

I understand that my credit units may be cancelled if I willfully falsify or withhold a material fact in applying for and obtaining weekly benefits under this Plan. I authorize the release to the SUB Trustee by the applicable State Unemployment Compensation Plan. I further hereby agree to repay to the Trustee of the SUB Trust Fund the amount of any overpayment of Supplemental Benefit which may be made to me; and pay over to said Trustee, the amount of any such overpayment for any weekly benefit otherwise due me or from my monies hereafter becoming due me from the Company.

APPLICANT'S SIGNATURE _____ DATE _____

Company Name: _____

**Approved By: _____

Date: _____

** IF MAILING SUB FORMS: A COPY OF THE STATE UNEMPLOYMENT CHECK OR THE ORIGINAL STUB FROM STATE UNEMPLOYMENT CHECK WILL BE NEEDED.