SHEET METAL WORKERS (LOCAL UNION NO. 28) SUPPLEMENTAL UNEMPLOYMENT BENEFIT PLAN 195 MINEOLA BLVD., MINEOLA, NEW YORK 11501

APPLICATION FOR CONTINUED BENEFITS

(Please Print)

NAME:				
(Last)		(First)		
ADDRESS:				
(No.)	(Street) (A	pt.#) (City)	(State)	(Zip)
LAST 4 DIGITS O	F SS#.:T	ELEPHONE NO.:	that which the second s	
Circle the week(s) Unemployment Insur	in February during vance Benefits.	which you were uner	mployed and rec	eived State
01/30 - 02/05	02/06 - 02/12	02/13 - 02/19	02/20-0	2/26
From which state did	you receive FEBRUAR	RY'S Unemployment In	surance Benefits?	• • • • • • • • • • • • • • • • • • •
(Stat	e)			
Have you received ar for which you are app	ny Workmen's Compens olying for SUB Benefits	eation Benefits or Disab	pility Benefits for	the week(s
	ne received any normal urity? YES		nt Benefits from	any source
	all the foregoing information inquiries necessary to		rate and true. I a	athorize the
Supplemental Unempof any Benefits and it any payment made to the plan. The payme	ployment Benefits are ployment Benefit Plan, a its acceptance by me shall me in excess of the are not of any Benefits to me any amount whatsoever time.	s the same may hereafted the not prevent the Board count to which I am en- ted does not oblige the Board	er be amended. The formatter of Trustees from titled under the Property of Trustees to	he payment recovering rovisions of make any
DATE:	SIGNATU	JRE		
	RMS MUST BE RET RY – AND BE SUBN			

A SUB PLAN APPLICATION MUST BE FILED NO LATER THAN FOUR (4) WEEKS AFTER THE WEEK FOR WHICH YOU ARE CLAIMING BENEFITS.

WEDNESDAY.