

Tile Layers Union Local 7 Welfare Fund

Supplemental Benefits

253 West 35th Street, 12th Floor

New York, N.Y. 10001

(212) 505 – 5050

Fax 646-381-8839

Email: Applications@DHCook.com

Application for Supplemental Benefit: **Unemployment, Workers' Compensation, Temp. Disability & Jury Duty**

Eligibility: Member MUST have an initial account balance of \$2,000, and MUST maintain an ongoing balance of at least \$1,000, in the Tile Layers Local 7 Welfare Fund Supplemental Benefit Plan.

Name: _____ Social Security No. ____ - ____ - ____

Address: _____
(Street No.) (Street Name) (City) (State) (Zip)

Telephone No. (____) ____ - ____ Email: _____

Last Employer _____ Last Date Employed: _____

Claim Period From: _____ **To:** _____

Please choose one:

____ Match up to \$150 per week*

____ Match up to \$300 per week*

____ Match up to \$500 per week*

Do you want your benefit check deposited directly into your Bank Account on record? ____ Yes ____ No

If yes, please enter the last four digits of your Bank Account: _____

I agree that Supplemental Unemployment Insurance Benefits are to be governed in all respects by the provisions of the Supplemental Plan, or as the same may hereafter be amended; and that the payment of any Supplemental Benefits and its acceptance by me shall not prevent the Board of Trustees from recovering or otherwise affect their rights to recover any payment to me in excess of the amount to which I am entitled under the provisions of the Program, nor shall the payment of any supplemental Benefits to me obligate the board of Trustees in any way to make any further payments in any amount whatsoever, except as the same may be provided for the Plan or as it may from time to time be amended

All payment made under this plan will be reported to Internal Revenue Service, It is necessary that payments received by you be reported in you income tax return, (The Fund Office will send you a Form W2 submitted to the IRS). All distributions will be taxed by the Federal and in addition FICA tax will be deducted from both the Employee and Employer portions.

Date ____ / ____ / ____ Signature: _____

This application MUST be accompanied with proper proof, a copy of the Member's Social Security Card and Proof of the Member's birth date.

*This Amount is after taxes