

# **Tile Layers Union Local 7 Welfare Fund**

## **Supplemental Benefits**

253 West 35<sup>th</sup> Street, 12<sup>th</sup> Floor  
New York, N.Y. 10001  
(212) 505 – 5050 - Fax 646-381-8839  
Email: applications@dhcook.com

### **Application for Supplemental Benefit for Medical, Workers' Compensation, Unemployment, Temp. Disability Benefit & 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: \_\_\_\_\_  
(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: \_\_\_\_\_**

To register your checking account information, please visit [www.dhcook.com](http://www.dhcook.com) to download a direct deposit form. Email the completed form with a copy of a VOIDED check to: [applications@dhcook.com](mailto:applications@dhcook.com).

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 by proper proof.**

\*This Amount is after taxes