

**SHOPMEN'S LOCAL 527
BENEFIT AND PENSION FUNDS
650 Ridge Road, Suite 103
PITTSBURGH, PA. 15205
412-341-6183**

APPLICATION FOR SUPPLEMENTAL UNEMPLOYMENT BENEFITS

NAME _____ SOCIAL SECURITY # _____

ADDRESS _____ SENIORITY DATE _____

_____ CELL PHONE NUMBER _____

APPLICATION CERTIFICATION

Yes or No

___ Did your lay-off commence after completion of one (1) year of continuous service with the Union?

___ Was your separation due to a quit or discharge?

___ Was the layoff a consequence of a strike or work stoppage?

___ Did you refuse to accept suitable employment under the State System?

Date of Layoff _____

Hourly Rate _____

Date returned to work _____

PIN NUMBER _____

Amount of Federal withholding tax taken each week \$ _____

Amount of Child Support \$ _____

Name of Employer _____

STATE UNEMPLOYMENT CHECK

STATE UNEMPLOYMENT CHECK

AMOUNT	CHECK NUMBER	WEEK ENDINGS	AMOUNT	CHECK NUMBER	WEEK ENDINGS
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 further hereby agree to repay to the Trustees of the Benefit 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 any monies hereafter becoming due me from the Company.

APPLICANTS SIGNATURE _____ DATE _____