

**OPERATING ENGINEERS LOCAL 825**  
**SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND APPLICATION**

65 Springfield Avenue • 2nd floor • Springfield, New Jersey 07081 (973) 671-6800

**NOTE: ALL CLAIMS MUST BE FILED NO LATER THAN THIRTY (30) DAYS FROM THE DATE OF STATE CHECK AND FOR PERIODS NOT TO EXCEED FOUR (4) WEEKS AT ANY ONE TIME**

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ I am a member of I.U.O.E. Local No. \_\_\_\_\_

Are you self employed or owner/operator Yes  No

Are you an officer, partner or do you have an interest in any construction company? Yes  No  If "Yes" give

Company Name \_\_\_\_\_

Name and Address of your last Employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am applying for Supplemental Unemployment Benefits for the following weekly periods:

From \_\_\_\_\_ to \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

***I am submitting photostatic copies of the required NJ/NY/PA State Unemployment information in support of my application.***

***Acceptable documents (copies) needed for processing this application:***

- ***Copy of State ATM Card with withdrawal receipts***
- ***Bank Statements***
- ***Payment History from Unemployment***
- ***Internet Certification***

If you have any questions about the Fund or this application, please contact the **SUB Fund**. If your application for Supplemental Unemployment Benefits is denied and you believe the denial is incorrect, please refer to the **Summary Plan Description** for the SUB Plan for information on how to file an appeal.

I meet the conditions set forth in the Plan and have been unemployed because of layoff.

I reported to the Union Hall in: (Check One)

- Springfield, NJ
- Cherry Hill, NJ
- Middletown, NY
- Training Center, NJ

I placed my name on the out of work list on (date) \_\_\_\_\_ making myself available for work, I have not refused a job assignment by the hiring hall and I am available for a job assignment.

I certify that the above statements are true and that I have been notified that penalties for misrepresentation or fraudulent claims will be eight (8) weeks for each week collected in addition to reimbursement to the Fund for all monies secured through misrepresentation or fraud, and also possible expulsion from the Union.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FUND USE ONLY**

This request for Benefits covers period

From: \_\_\_\_\_

To: \_\_\_\_\_

Number of weeks to be paid \_\_\_\_\_

Amount to be paid for this claim \$ \_\_\_\_\_

Approved by: \_\_\_\_\_

**Do Not Separate/Must File Both Copies**

