

GENERAL BUILDING LABORERS UNION LOCAL NO. 66 WELFARE FUND
 1600 WALT WHITMAN ROAD, P.O. BOX 667, MELVILLE, L.I., N.Y. 11747
 631-454-2330

APPLICATION FOR SUPPLEMENTAL UNEMPLOYMENT BENEFITS

I hereby apply to the Board of Trustees for Supplemental Unemployment Benefits and certify that the following statements are true and correct:

Name Union Book No.....

Address

Social Security Number Phone No.

I am receiving or have received New York State Unemployment Insurance checks since:

..... **(PLEASE PRINT)**
 (Insert Date Your Unemployment Began)

List all employers within the last 52 weeks as reported on New York State Unemployment Insurance application. If more space is needed use the back of this form.

MONTH(S)	EMPLOYERS NAME	LOCATION OF JOB	GROSS WAGES EARNED

As proof of having received Unemployment Insurance Checks, I submit with this application, my weekly checks received from NYS Unemployment Insurance.

.....
 Date Signed

.....
 Signature of Applicant

Office use only:
 date submitted
 out of work list
 date check mailed
 check number
 prepared by

Procedure

Applying for Supplemental Weekly Unemployment Benefits covers –
November thru April only.

Requirements:

- 1- check eligibility for Welfare Benefits
- 2- active member (not retired)
- 3- fill out application SWUB
 - a- name – union no. – address- s/s number – telephone – date – signature
 - b- employers (prior 52 weeks) all employers
- 4- copies of NYS unemployment checks
- 5- be on out of work list

Procedure:

- 1- check eligibility
- 2- complete application
- 3- copy check stubs
- 4- check out of work list
- 5- prepare and mail check