



TEMPORARY APPLICATION FOR SUB PLAN BENEFITS (April, May, and June 2020)



Southern California IBEW-NECA Supplemental Unemployment Benefit Trust Fund
Local 11 Inside Wiremen, Intelligent
Transportation, and Inspectors
6023 Garfield Avenue, Commerce, CA90040
(323)221-5861 (800) 824-6935 Fax (323) 726-3520

In accordance with the provisions of the Plan, I hereby apply for benefits under the Supplemental Unemployment Benefit Trust Fund (SUB).

Section 1 | Personal Information

Name _____

Social Security # _____ Phone No. _____

Street Address _____

City _____ State _____ Zip Code _____

Section 2 | Work Status Information

1. Last Date Worked _____ Last Employer _____

2. Reason for No Longer Working

- Terminated/Laid Off (attach copy of proof) Temporary Furlough (attach copy of proof)

3.

- A. Journeymen (attach copy of out of workbook registration verification)
B. Apprentices (attach copy of ETI layoff notice)

4. Date Applied for State of California Unemployment Benefits _____
(attach copy of proof)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration is executed on _____ at _____, California. _____
Signature

You are responsible for paying any applicable federal, state and local taxes incurred as a result of the payment of benefits under the Plan. Supplemental Unemployment Benefits are subject to income tax withholding and other tax withholding by the Plan to the extent required by the IRS code or other applicable law. You should contact your tax adviser for more information.

PLEASE DO NOT WRITE BELOW THIS AREA

(Office use only)
SOUTHERN CALIFORNIA IBEW-NECA SUB TRUST FUND

Begin Date _____ End Date _____

Distribution: File
IBEW Local 11
LA NECA