

IBEW 353 SUB PLAN

CLAIM FORM

To be completed by local union

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Claimant's name _____ Out-of-work date _____

This claimant is actively seeking work and is not, to the best of our knowledge and belief, receiving Unemployment Insurance Benefits for any reason other than layoff.

Signature of Union Representative

(date)

To be completed by plan administrator

Claimant's SUB balance as of _____ date _____ hours

Last payment for most recent claim: _____ date

Weeks paid in last 52 weeks: _____ weeks

If no previous claim:

SUB balance 24 months ago: _____ hours

Hours worked in last 24 months: _____ hours

If last claim was for maximum weeks:

SUB balance at end of claim: _____ hours

Hours worked since last claim: _____ hours

Current funding level: \$ _____ Maximum claim: _____ weeks

Maximum weeks for this claim: _____ weeks

Claim approved and authorized for payment:

FOR ADMINISTRATOR'S USE	
DATE:	_____
CHEQUE:	_____
AMOUNT:	_____

Signature

Signature

SIS 0706 2001