

**Marble Industry Funds
253 West 35th Street, 12th Floor
New York, N.Y. 10001
(212) 505 – 5050**

Application for Supplemental Unemployment Insurance Benefit

I hereby acknowledge receipt of a copy of the Marble Industry Trust Fund Supplemental Unemployment Insurance Benefit Plan and apply for a Supplemental Unemployment Insurance Benefit.

Name: _____ Social Security: _____ - _____ - _____

Address: _____
(Street No.) (Street Name) (City) (State) (Zip)

Telephone No: (____) _____ - _____ Local Union No: _____

Last Employer: _____

Last Date Employed: _____ Claim Period From _____ to _____

I certify that I am eligible for or have received maximum unemployment insurance from the Unemployment Insurance Department.

I agree that Supplemental Unemployment Insurance Benefits are to be governed in all respects by the provisions of the Supplemental Unemployment Insurance Plan, or as the same may hereafter be amended; and that the payment of any Supplemental Unemployment Insurance Benefit and its acceptance by me shall not prevent the Board of Trustees from recovering or otherwise affect their right to recover any payment to me in excess of the amount to which I am entitled under the provisions of the Program, nor shall the payment of any Supplemental Insurance Benefits to me obligate the Board of Trustees in any way to make any further payments in any amount whatsoever, except as the same may be provided for by the Plan or as it may from time to time be amended.

All payments made under this Plan will be reported to the Internal Revenue Service. It is necessary that payments received by you are reported in your income tax return. (The Fund Office will send you a copy of form 1099 submitted to I.R.S.)

Name: _____ Signature: _____

This application must be accompanied by proof of payment from a State Unemployment Insurance Department

Witness:

Signature of Witness: _____

Address of Witness: _____