

**MOSAIC & TERRAZZO WELFARE, PENSION  
AND SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUNDS  
45-34 COURT SQUARE ♦ LONG ISLAND CITY, NY 11101  
Phone (718)729-4416 Fax (718)729-4417**

**Application for Supplemental Unemployment or Retirement Benefit**

*I agree that Supplemental Unemployment or Retirement Benefits are to be governed in all respects by the provisions of the Supplemental Benefit Plan, or as the same may hereafter be amended; and that the payment of any Supplemental Unemployment or Retirement 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 payment of any Supplemental Unemployment or Retirement 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 Program or as it may from time to time be amended.*

To receive Supplemental Unemployment Benefits you need to provide substantiation that you are either (a) unemployed and actively seeking employment in the industry, or (b) you are not employed because of a disability established by medical evidence to the satisfaction of the Trustees. To receive Supplemental Retirement Benefits you need to provide substantiation that you are an employee who is either: (a) in receipt of pension benefits from Mosaic & Terrazzo Pension Fund, or (b) in receipt of a Social Security Retirement Benefit, or (c) attained age 62 and retired from the industry.

My last date of employment was: \_\_\_\_\_

My last Employer was: \_\_\_\_\_

Check one of the following:

- I am presently unemployed but am actively seeking employment in the industry.
- I am presently unemployed due to a disability which prevents me from obtaining employment.
- I am in receipt of pension benefits from the Mosaic & Terrazzo Pension Fund or SS retirement benefit.
- I have left the Industry and have not been employed by the Industry in at least 12 months.
- I have attained age 62 and am retired from the Industry.

I certify under penalty of perjury that the above information is true and accurate, and understand that any misrepresentation on this application may be a violation of federal law.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Social Sec#: \_\_\_\_\_ Phone# \_\_\_\_\_

\*\*\*\*\*  
DO NOT WRITE BELOW THIS LINE\*\* OFFICE USE ONLY  
\*\*\*\*\*

Period start \_\_\_\_\_ Period End \_\_\_\_\_ Check# \_\_\_\_\_ Check date \_\_\_\_\_

Gross \_\_\_\_\_ Tax \_\_\_\_\_ Net \_\_\_\_\_ Payable \_\_\_\_\_