Tile Layers Union Local 7 Welfare Fund Supplemental Benefits 253 West 35th Street, 12th Floor New York, N.Y. 10001 (212) 505 – 5050

APPLICATION FOR SUPPLEMENTAL

Unemployment Insurance, Workers Compensation, Disability, and Jury Duty Benefits

Eligibility: Member MUST have an initial account balance of \$2,000, and MUST maintain an ongoing balance of at least \$1,000, in the Tile Helpers Local 88 Welfare Fund Supplemental Benefit Plan.

| Name: | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Address:(Street No.) (Street Name) | (City) | (State) (Zip) |
| (Street No.) (Street Name) | (City) | (State) (Zip) |
| Telephone Number: () | Social Security No: | - |
| Local Union No Last Emplo | oyer: | |
| Last Date Employed | Claim Period From | to |
| provisions of the Supplemental Plan, or the payment of any Supplemental Benef Board of Trustees from recovering or oth to me in excess of the amount to which I no shall the payment of any Supplement Trustees in any way to make any further same may be provided for by the Plan or All payments made under this Plan will necessary that payments received by you | it and its acceptance by me sherwise affect their rights to ream entitled under the provisional Insurance Benefits to me obpayments in any amount whatsas it may from time to time be a be reported to the Internal Re | all not prevent the cover any payment ns of the Program, ligate the Board of oever, except as the amended. venue Service. It is |
| Office will send you a Form W2 submitt Federal, State and Local in addition FI | | |
| Employer portions. | | |
| Date:/ Sig | nature: | |
| This application must be accompanied by | ny nroof of navment from a St | ata Unamplayment |

This application must be accompanied by proof of payment from a State Unemployment insurance Department, Compensation payments, Disability award papers and or Jury Duty payment voucher.