



# APPLICATION FOR SUB PLAN BENEFITS



Southern California IBEW-NECA Supplemental Unemployment Benefit Trust Fund  
Local 11 Inside Wiremen, Intelligent  
Transportation, and Inspectors  
100 Corson Street, Suite 200, Pasadena, CA 91103  
(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.  
MM/DD/YY City

\_\_\_\_\_  
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**

**SOUTHERN CALIFORNIA IBEW-NECA SUB TRUST FUND – OFFICE USE ONLY**

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Initial Claim:  Yes  No

Distribution: File, IBEW Local and 11 LA NECA

# ELIGIBILITY FOR BENEFITS

## How Do I Become a Participant?

You become a Participant in the Plan by working for an Employer required by a Collective Bargaining Agreement or Participation Agreement to make contributions to the Supplemental Unemployment Benefit Fund on your behalf.

## How Do I Become Eligible for Benefits?

Once you become a Participant in the Plan, you will become eligible for Supplemental Unemployment Benefits upon meeting all of the following eligibility requirements:

- **Covered Employment Terminated:** Your Covered Employment must have been terminated involuntarily due to lack of work or reduction in workforce. No benefits are paid if unemployment is due to a strike, work stoppage, lockout, voluntary quit or a discharge due to misconduct; and
- **Hour Requirement:** You must meet the hour requirement by working a minimum of 1,040 hours in Covered Employment in either the four (4) Contribution Quarters prior to your Layoff Date or the 12-Month Review Period; and
- **Registered with the Union Referral Hall:** You must be registered with the Union Referral Hall as Available for Work and follow the Referral Hall's daybook procedures; and
- **Application for Supplemental Unemployment Benefits:** An application for Supplemental Unemployment Benefits must be filed with the Fund Office; and
- **Received Unemployment Compensation Benefits:** You must provide appropriate proof of your actual receipt of unemployment compensation benefits for days you are claiming Supplemental Unemployment Benefits.

You will not be eligible for Supplemental Unemployment Benefits if you are receiving Pension Plan benefits to which IBEW Local 11 or the International Brotherhood of Electrical Workers is a party or benefits from the Social Security Administration.