

**GENERAL BUILDING LABORERS UNION LOCAL NO. 66 WELFARE FUND**  
 1600 WALT WHITMAN ROAD, P.O. BOX 667, MELVILLE, L.I., N.Y. 11747  
 (631) 454-2330

**APPLICATION FOR SUPPLEMENTAL UNEMPLOYMENT BENEFITS**

I hereby apply to the Board of Trustees for Supplemental Unemployment Benefits and certify that the following statements are true and correct:

Name: \_\_\_\_\_ Union Book No. \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ Phone No: \_\_\_\_\_

I am receiving or have received New York State Unemployment Insurance checks since:

\_\_\_\_\_ **(PLEASE PRINT)**  
 (Insert Date Your Unemployment Began)

List all employers within the last 52 weeks as reported on New York State Unemployment Insurance application. If more space is needed use the back of this form.

MONTH(S)	EMPLOYERS NAME	LOCATION OF JOB	GROSS WAGES EARNED

As proof of having received Unemployment Insurance Checks, I submit with this application, a printout of the official record of benefit payment history from NYS Department of Labor Benefits Unemployment Insurance.

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 Signature of Applicant

Office use only:  
 \_\_\_\_\_ date submitted  
 \_\_\_\_\_ out of work list  
 \_\_\_\_\_ date check mailed  
 \_\_\_\_\_ check number  
 \_\_\_\_\_ prepared by

## PROCEDURE

### **Applying for Supplemental Weekly Unemployment Benefits covers— November through April Only.**

#### Requirements:

- 1 - Check eligibility for Welfare Benefits (Must have Medical coverage)
- 2 - Active member (not retired)
- 3 - Fill out application SWUB
  - a) name -- union number -- address -- social security number -- telephone --date--signature
  - b) Employers (prior 52 weeks) all employers
- 4 - Copy of Unemployment Benefit Payment History from NYS Department of Labor
- 5 - Be on out of work list
- 6 - You must be eligible for insurance coverage at the time you are collecting Unemployment Benefits. (November 2012 to April 2013)

#### Procedure:

- 1 - Check eligibility
- 2 - Complete application
- 3 - Copy Unemployment Benefit Payment History
- 4 - Check out of work list
- 5 - Prepare and mail check