

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