

APPLICATION FOR SUB BENEFITS

Electrical Workers Local No. 292 Sub Fund
6900 Wedgwood Road N., Suite 425, Maple Grove, MN 55311
763-493-8830 800-368-9045 Fax: 763-416-6196

In accordance with the provisions of the Electricians' Income Security Trust Fund Agreement, I hereby apply for,

(SUB) Supplemental Unemployment Benefits Fund

SUB Fund Lump Sum

Name _____

Social Security # _____

Street _____ Phone No. _____

City _____ State _____ Zip Code _____

Date _____ Signature _____

20% Federal taxes & 5% State taxes apply to ALL APPLICANTS

PLEASE DO NOT WRITE BELOW THIS AREA

(Office use only)

ELECTRICAL WORKERS LOCAL NO. 292 SUB FUND

Date _____

Approved Denied _____

YELLOW - MAIL TO: ELECTRICAL WORKERS 292 FRINGE BENEFIT PLANS
6900 WEDGWOOD ROAD N., SUITE 425
MAPLE GROVE, MN 55311

GREEN: EMPLOYEES COPY

(Authorized Signature)