

# APPLICATION FOR SUB BENEFITS

Electrical Workers Local No. 292 Supplemental Unemployment Benefit Plan  
6900 Wedgwood Road N., Suite 425, Maple Grove, MN 55311  
763-493-8830 800-368-9045 Fax: 763-416-6796  
subfund@ibew292benefits.org

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

Supplemental Unemployment Benefit Fund

Sub Fund Severance

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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*(Office Use Only)*

Electrical Workers Local No. 292 Subfund

Date \_\_\_\_\_

Approved

Denied \_\_\_\_\_

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Authorized Signature