



## APPLICATION FOR SUB BENEFITS

Electrical Workers Local No. 292 Supplemental Unemployment Benefit Plan  
subfund@ibew292benefits.org

In accordance with the provisions of the Electricians' Income Security Trust Fund Agreement, I hereby apply for,  
Supplemental Unemployment Benefit Weekly Disbursement

Name \_\_\_\_\_

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

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

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

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

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

*(Office Use Only)*

**Electrical Workers Local No. 292 Subfund**

Date \_\_\_\_\_

Approved

Denied \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature