

IBEW LOCAL UNION NO. 212
SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND
REPORTING CERTIFICATION

Instructions to Participant (Employee):

1. Your completion of the Employee Certification certifies that you are involuntarily unemployed as required by the Plan to be eligible for benefits.
2. You must complete the Employee Certification part of this form and then have the Business Manager or Business Agent complete the Union Certification.
3. You must file this completed certification form with the Local 212 office on the day you report to the hiring hall.

To: IBEW Local Union No. 212
Supplemental Unemployment Benefit Fund

EMPLOYEE CERTIFICATION

As an applicant for SUB benefits, I hereby certify the following information to the SUB Trustees in order to determine my eligibility for SUB benefits:

Name of SUB Participant (Employee)

Telephone Number of SUB Participant (Employee)

Street Address of Participant (Employee)

Social Security Number of Participant (Employee)

City State ZIP

Home Local Union

Date Applied of State Unemployment Benefits

Signature of Participant (Employee)

UNION CERTIFICATION

This is to certify that the above-named SUB Plan Participant has reported to IBEW Local Union No. 212 and requested a referral for employment as required by the IBEW Local Union No. 212 SUB Plan.

IBEW Local Union No. 212

Date of Union Certification

By: _____