



CLAIM FORM FOR PERSONAL BENEFIT SUPPLEMENTAL UNEMPLOYMENT DISBURSEMENT

THIS FORM MUST BE COMPLETED BY YOU AND RETURNED ALONG WITH A COPY OF THE NOTICE OF YOUR ELIGIBILITY FOR STATE UNEMPLOYMENT BENEFITS.

1. NAME & ADDRESS: _____

2. HOME or CELL PHONE#: _____ SOCIAL SEC. #: xxx-xx-_____

3. CONTRACTOR(S) WORKED FOR PRIOR TO UNEMPLOYMENT CLAIM:

4. LAST DAY WORKED: _____

5. DATE UNEMPLOYMENT STARTED: _____

6. WEEK(S) REQUESTED: _____ **MUST PROVIDE DATES**

(COPY OF UNEMPLOYMENT BANKCARD DEPOSIT RECEIPT, BANK STATEMENT OR
COMPUTER PRINTOUT SHOWING DATES COVERED & PAYMENT MADE REQUIRED)

7. AMOUNT PER WEEK **CIRCLE ONE** \$150.00 \$300.00 \$450.00

SECTION 15.6 Payment of Personal Benefit:

You are eligible to receive benefits from your Individual Account if one or more of the following apply:

"a) You have collected state unemployment checks for Two (2) weeks, at which point you will be eligible to receive supplemental unemployment benefits from your individual account at the rate of \$150.00, \$300.00 or \$450.00 per week, whichever amount you designate in your application for benefits, until the earlier of:

- 1) the commencement of employment covered by the Collective Bargaining Agreement; or*
- 2) your Individual Account Balance has been reduced to zero."...*

Statement: I have read eligibility requirements for unemployment benefits and hereby apply for payment. I understand that a distribution for this purpose, while not subject to SS or Medicare taxes, is reported as taxable compensation for Federal and State purposes with a W-2 issued in January following year's end.

DATE: _____ PRINT NAME: _____

SS#: XXX-XX-_____ SIGNATURE: _____

OFFICE USE ONLY

Beginning Balance _____

Approved for Payment _____