

**STEAMFITTERS WELFARE FUND
LOCAL UNION NO. 475
P.O. BOX 4187
WARREN, NJ 07059
908-754-1032**

CERTIFICATION FOR SUPPLEMENTAL UNEMPLOYMENT BENEFIT

COVID – 19 TEMPORARY CLAIM FORM

PLEASE PRINT NAME AND ADDRESS:

SOCIAL SECURITY NUMBER:

DATE: _____

PHONE#: _____

I HEREBY CERTIFY THAT I HAVE BEEN ISOLATED OR QUARANTINED FOR:

(5) DAYS _____ (10) DAYS _____

CONTRACTOR(S) WORKED FOR DURING ISOLATION QUARANTINE:

LAST DAY WORKED: _____

DATE ISOLATION QUARANTINE STARTED: _____

I UNDERSTAND THAT A DISTRIBUTION FOR THIS PURPOSE, WHILE NOT SUBJECT TO SOCIAL SECURITY OR MEDICARE TAXES, IS REPORTABLE AS TAXABLE COMPENSATION FOR FEDERAL AND STATE PURPOSES WITH A W-2 ISSUED IN JANUARY FOLLOWING YEAR'S END.

MAXIMUM WITHDRAWAL FOR COVID ISOLATION QUARANTINE:

(1) UP TO 5 DAYS 1 WEEK _____ (2) UP TO 10 DAYS 2 WEEKS _____

AMOUNT REQUESTED PER WEEK:

CIRCLE ONE 150.00 300.00 450.00

MEMBER'S SIGNATURE

OFFICE USE ONLY

BEGINNING BALANCE _____ APPROVED FOR PAYMENT _____