

**BOSTON PLASTERERS' & CEMENT MASONS' LOCAL #534
SUPPLEMENTAL UNEMPLOYMENT BENEFIT PLAN II**

APPLICATION FOR WEEKLY BENEFITS FOR THE PERIOD ENDING SATURDAY,
_____, 20_____. (PLEASE INCLUDE ALL DATES)

In accordance with the above Plan, I hereby apply for benefits. **I am enclosing a copy of my latest unemployment check or pay stub for each week indicated above and understand a check will not be forwarded to me without such enclosed.**

WEEKS CLAIMED SHOULD BE RECENT & SUBMITTED WHILE YOU ARE ACTIVELY U/E'D.

NAME(please print) _____
Last First Initial

ADDRESS _____
No. Street City State Zip

S.S. # ____/____/____ DATE OF BIRTH ____/____/____
Month Day Year

TELEPHONE NUMBER _____

HOME LOCAL (# AND LOCATION) _____

NAME OF LAST EMPLOYER _____

DATE OF LAST EMPLOYMENT & LOCATION _____

I hereby certify I am eligible to receive State Unemployment Benefits for the period covered by this application and I have not worked more than eight hours during this current week either within the jurisdiction of Local No. 534 or within the jurisdiction of any BAC or OPCMIA Local Union.

I further understand this payment will be reported to the Federal and State tax authorities and it may represent a taxable distribution under both Federal and State regulations. The Plan withholds, from your benefit, 20% for Federal and 5% for State tax. To the extent funds withheld are not sufficient for tax purposes, I agree to be responsible for any further taxes that may be due. You may want to consult your tax advisor regarding your particular circumstances.

Date Signature

CERTIFICATION

I hereby certify the above person has complied with the reporting rules specific by the Trustees and I authorize payment in accordance with the rules of the plan.

REQUIREMENT FOR CLAIM SUBMISSION

******THE COMMONWEALTH OF MASSACHUSETTS U/E WEBSITE HAS CHANGED RECENTLY. UPON LOGGING INTO YOUR U/E PROFILE WITH THE COMMONWEALTH YOU WILL NEED TO PRINT THE BENEFITS OVERVIEW PAGE (WHICH IDENTIFYS THE MEMBER) THEN CLICK THE LINK "VIEW PAYMENT HISTORY" THEN "WEEKS CLAIMED" AND PRINT. THESE ARE YOUR CLAIMED WEEKS.***

\$ _____
Amount Administrator approval Date