

APPLICATION FOR SUB BENEFITS/DISABILITY

Electrical Workers Local No. 292 Sub Fund
6900 Wedgwood Road N., Suite 425, Maple Grove, MN 55311
Ph. (763) 493-8830 • (800) 368-9045

In accordance with the provisions of the Electricians' Income Security Trust Fund Agreement, I hereby apply for (SUB) Supplemental Unemployment Benefits

Name _____

Social Security # _____

Street _____ Phone No. _____

City _____ State _____ Zip Code _____

Date _____ Signature _____

1. Date employee first unable to work due to disability? _____

2. When will the employee be able to return to work? _____
(give approximate date)

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

PLEASE DO NOT WRITE BELOW THIS AREA

Office Use Only

ELECTRICAL WORKERS LOCAL NO. 292 SUB FUND / DISABILITY

Begin Date _____

End Date _____

GREEN - MAIL TO: ELECTRICAL WORKERS 292 FRINGE BENEFIT PLANS
6900 WEDGWOOD ROAD N., SUITE 425
MAPLE GROVE, MN 55311

YELLOW: EMPLOYEES COPY



(Authorized Signature)