

**Supplemental Unemployment Benefit Fund**

1100 NE Frontage Road, Joliet, IL 60431  
815-729-2666 Opt. 2  
Fax : 630-967-3080  
Email: IBEW176@Zenith-American.com

Date: \_\_\_\_\_  
Home Local # \_\_\_\_\_

**APPLICATION FOR BENEFITS**  
FOR FURLOUGHED EMPLOYESS

I hereby make application for Supplemental Unemployment Benefits under the provisions of the IBEW Local 176 Supplemental Unemployment Benefits of the Electrical Industry, Joliet, IL and the rules and regulations governing the administration thereof.

\_\_\_\_\_  
Name: Please Print

\_\_\_\_\_  
XXX-XX-  
Social Security Number (Last Four Digits)

\_\_\_\_\_  
Address: Number & Street    City    State    Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Date of Furlough/Layoff

I hereby certify that I am currently on furlough from an IBEW signatory contractor due to the COVID-19 outbreak and I am receiving no compensation from my current employer. I understand that if I return to work for any employer and receive any amount of compensation, I will no longer be eligible for IBEW Local 176 Electrical Industry Supplemental Unemployment Benefits. I understand that I am ineligible to receive benefits if I am on vacation or if I receive benefits under a pension plan of the IBEW or under Federal Social Security.

Card No.: \_\_\_\_\_ Employee's Signature: \_\_\_\_\_

**Employer Verification**

I hereby certify that our company has temporarily furloughed the above-mentioned employee on the date stated above and that said employee is receiving no compensation from our company while on furlough. We agree that we shall notify the NECA-IBEW LU 176 Fund when the above-mentioned employee returns to work from being furloughed.

Name of Employer: \_\_\_\_\_ Employer's Signature: \_\_\_\_\_

Please email or fax completed form to the Fund Office at the fax number and email address provided at the top of this form.