USMX-ILA COVID PANDEMIC RELIEF FUND (CPR)
APPLICATION FOR BENEFITS

In order to enable the USMX-ILA COVID Pandemic Relief Fund ("Fund") to process your claim for benefits, please complete this form and return it to:

West Gulf Maritime Association
Attn: Marji Strohmer
1717 Turning Basin Drive, Ste 200
Houston, TX 77029
(855) 715-1717 fax
marji@wgma.org

Name	SS #.
Address	Port # Employer Name
Phone No. email	ILA Local #

1. QUALIFYING EVENT. Please check the category that applies to you:	Required Documentation for each qualifying event. Check if provided:
☐ I have tested positive for COVID-19	☐ Documentation of my positive COVID-19 test result
☐ I was quarantined by my employer or a healthcare provider	☐ Documentation of quarantine by employer or healthcare provider
☐ A person who lives in my residence has tested positive for COVID-19	☐ Documentation of the positive COVID-19 test result of the person living your

2. Required Information (add additional sheets if necessary):

1. Date you applied for unemployment benefits________________________
2. From what State? _____________
3. Date Granted________________ *OR* Date Denied________
4. Amount of weekly benefit_______________ Date benefit first received_______________
5. Period for which benefits are being received ________________________

Please submit the following documents:
☐ Documentation of your approval or denial of unemployment benefits
☐ Documentation of amount of benefits received and period of benefits received

IF YOU ANSWERED THAT YOUR APPLICATION FOR UNEMPLOYMENT BENEFITS WAS DENIED, PLEASE PROVIDE THE FOLLOWING ADDITIONAL INFORMATION

3. Do you qualify for any contractual or governmental sick benefit or disability benefit? YES ☐ NO ☐
IF YES, describe benefit:______________________________
Did you apply for this benefit: YES ☐ NO ☐ Amount of benefit________________
Period of time benefit covered__________________________
If NO, reason why you did not qualify or apply________________________

4. Please state the period for which you are seeking CPR benefits:____________________

The CPR Fund will request periodic updates from you documenting your continued eligibility for the receipt of benefits.

Signature of Applicant:____________________________ Date: ______________