

# HAWAII ELECTRICIANS SUPPLEMENTARY UNEMPLOYMENT BENEFIT FUND

1935 HAU STREET, ROOM 300 • HONOLULU, HAWAII 96819-5003 • PHONE (808) 841-6169 • FAX (808) 847-4596  
Neighbor Islands Toll Free 1-800-622-3830

## APPLICATION FOR SUB BENEFITS

Employee Name: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone No. \_\_\_\_\_  
Number & Street

\_\_\_\_\_ Cell Phone No. \_\_\_\_\_  
City State Zip Code  
Previous or Current Employer: \_\_\_\_\_ Hourly Rate of Pay \$ \_\_\_\_\_

### THIS CLAIM IS FOR: (check off appropriate claim)

1.  TEMPORARY LAY-OFF: Submit copy of State Unemployment Certificate of Entitlement and copy of benefit checks and payment record which is attached to each check.  
or  
 \*PERMANENT LAY-OFF

\* I certify that I have registered with the Union's referral agent as provided by the Labor Agreement and have not refused any job offered which is covered by the Agreement.

2.  OCCUPATIONAL DISABILITY: Submit copy of State Workers' Compensation checks or Notice of Entitlement or Hawaii Electricians Health & Welfare Supplemental Workers' Compensation checks.

3.  NON-OCCUPATIONAL DISABILITY: Submit copy of Hawaii Electricians Health & Welfare Fund Weekly Disability Benefit checks or a completed doctor's note for sick leave.

4.  SEVERANCE: Date Last Worked: \_\_\_\_\_  
 a. You left the jurisdiction of the Union (geographical or work) and no contributions in your behalf have been received by the Fund for at least six (6) months;  
 b. Retired

5.  REDUCED WORK WEEK: For Week Ending: \_\_\_\_\_  
 a. You worked less than thirty-two (32) hours in a week.  
 b. You worked thirty-two (32) hours or less due to the reduction of the standard weekly work hours for the entire company and the reduction has been approved by Local Union 1186 IBEW.

No benefit is payable if lack of work due to labor disputes between the Local Union 1186 IBEW and signatory employers.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(DO NOT WRITE BELOW. FOR FUND OFFICE USE ONLY)

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Benefit Amount \$: \_\_\_\_\_

Date Payable: \_\_\_\_\_ Code: \_\_\_\_\_