

**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
(COVID-19 SPECIFIC)**

Employee Name: _____ **Social Security #:** _____
Address: _____ **Home Phone No.** _____
 Number and Street
 _____ **Cell Phone No.** _____
 City State Zip Code

Employer (Current or Previous): _____ **Hourly Pay Rate:** \$ _____

Verification is required. Please submit a copy of your doctor's note, paystub, unemployment claim, or other documentation to substantiate your claim. If you have any questions about the documentation needed for your claim to be processed, please contact the SUB Fund at 808-841-6169 ext 301 or 302.

THIS CLAIM IS DUE TO THE FOLLOWING: (check applicable)

1. I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
 Dates I was quarantined: From _____ To: _____
2. I have been advised by a healthcare provider to self-quarantine related to COVID-19.
 Dates I was quarantined: From: _____ To: _____
 (Provide a doctor's note)
3. I am experiencing COVID-19 symptoms and am seeking a medical diagnosis.
 Dates Disabled: From: _____ To: _____
4. I am caring for an individual subject to an order described in (1) or self-quarantine as described in (2).
 Dates I provided care: From: _____ To: _____
5. I am caring for my child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons.
 Dates I provided care: From: _____ To: _____
 (Provide a letter or other documentation from your child's school or child care provider regarding the closure)
6. I am experiencing any other substantially similar condition specified by the US Department of Health and Human Services.
 Dates I was disabled: From: _____ To: _____

EMPLOYEE SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY

Start Date _____ **End Date** _____ **Benefit Amt** _____ **Date Payable** _____ **Code** _____