

# TRUSTEES OF U. A. LOCAL 38 TRUST FUNDS

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LARRY MAZZOLA, JR.  
*Chairman*

FRED NURISSO  
*Co-Chairman*

ARMAND KILIJIAN  
*Treasurer*

FRANK REARDON  
*Secretary*



## Group Supplemental Unemployment Benefits Plan

### APPLICATION FOR BENEFITS

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SS #: \_\_\_\_\_

Plumber.....  Steamfitter .....  Welder....

I hereby apply for Supplemental Unemployment Benefits for the week(s) for which I submit a determination of eligibility from the State of California Employment Development Department.

I certify that I was unemployed and registered on the U.A. Local 38 out-of-work list during the period for which I seek unemployment benefits. I further certify that I was able and available for work and did not perform or refuse work or receive remuneration for work performed.

### MEMBER INFORMATION

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ LAST DAY WORKED: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

### BUSINESS AGENT

I certify that the above-named member was registered on the U.A. Local 38 out-of-work list during the period for which the member seeks unemployment benefits. I agree to immediately notify the Trust Fund Administrator or Representative if the above-named member is dispatched to work or has refused to work.

\_\_\_\_\_  
Business Agent