

TRUSTEES OF U. A. LOCAL 38 TRUST FUNDS

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LARRY MAZZOLA, JR.
Chairman

FRED NURISSE
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