

ITPEU ANNUAL BENEFIT FUND

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BENEFIT APPLICATION

(See instructions before filing for benefits)

Is this a termination claim? Yes _____ No _____	PLAN USE ONLY – rev24.00
Date of termination ____/____/____	Base# _____ ID: _____

I make this application for the following benefits:

HOLIDAY PAY (apply one time only)

Date of Hire ____/____/____
(Mo) (Day) (Yr)

SICK PAY

Pay all sick time due me

Pay ____ days of the sick time due me

Job Position _____

VACATION PAY

Pay all vacation time due me

Pay ____ weeks of vacation time due me

Pay ____ days of vacation time due me

Pay Rate _____

The following must be signed by Employer Authorized Person below

BEREAVEMENT LEAVE (attach proof- see instructions)

JURY DUTY (attach proof – see instructions)

TRAINING PAY DUE ME

Date of Training ____/____/____ Number of Hours _____

Training Authorized by _____

My Employer is _____ Location(Base) _____

I claim ____ dependents on a W-4 on file with my employer Married Single

Name (Please Print) _____, _____, _____
(Last) (First) (MI)

Social Security Number ____-- ____-- ____ Email: _____

Street Address _____ Phone: _____

City _____ State _____ Zip Code _____

I certify that the above information is correct _____
(Date) (Signature)

Please notify the ITPEU Annual Benefit Fund of Address Change IN WRITING or ONLINE

EMPLOYER AUTHORIZED PERSON

I have reviewed this application, specifically, the portions concerning bereavement leave, jury duty, training, job position and the rate of pay per hour and find them to be correct to the best of my knowledge.

(Signature)

(Title)

(Date)

INSTRUCTIONS FOR PAYMENT OF BENEFITS UNDER THE ITPEU ANNUAL BENEFIT PLAN

An application must be made by the participant requesting benefits from the ITPEU Annual Benefit Plan. If the benefit application is not completed properly, the application will be returned, and the payment of the benefit will be delayed.

To file a claim:

1. Request a benefit application from your employer, shop steward, online or call us.
2. The benefits you wish to be paid for should be marked with an "X" in the box provided.

Termination claim - If this is a final claim because you have left employment with your employer, all benefits due you will be paid to you.

Holiday Pay - Will be paid after your first application for holiday pay is received. Eligibility for new employees is **90 days** and, once completed, are entitled to holiday benefits for those 90 calendar days. You only need to submit a holiday pay application once. You will receive holiday pay automatically thereafter.

Sick Pay - If you claim sick pay, you may request payment of all the sick time available to you or you may indicate the number of sick days to be paid. If you do not indicate how much sick time you wish to get paid, all sick time due you will be paid to you.

Vacation Pay - If you are making an application for vacation pay, your date of hire (anniversary date) must appear. You may request payment of **ALL** the vacation due you. If you do not indicate how much vacation you wish to take, all of it will be paid to you.

THE FOLLOWING BENEFITS MUST BE SIGNED BY AN EMPLOYER AUTHORIZED PERSON

Bereavement - Provide dates taken off work and proof of relationship, such as a copy of an obituary or a copy of a death certificate, if a spouse.

Jury Duty – Provide dates taken off work and proof of any jury duty pay received, a letter from jury manager or court reflecting dates served and pay received.

Training Pay – Provide dates of training and who authorized the training. The total amount of the benefit available to you will be paid.

IMPORTANT:

Please make certain you enter who is your employer, where you are employed, your date of hire, your job position, your current rate of pay per hour and the number of dependents you claim for federal income tax purposes in the spaces provided.

PRINT your last name, first name, middle initial and address.

Enter your social security number in the space provided.

Date and sign the application.

NOTE: CHANGE OF ADDRESS: If you move, you must notify the Benefit Fund by letter, fax or website.

All benefit payments will be deposited directly to your bank account or card. You will receive a check stub by mail.

Bring the completed application to your employer. An authorized person will review it, date and sign it. After receiving it back from your employer you must forward it to the Benefit Plan office.