



SHEET METAL WORKERS'
International Association • Local Union No. 73
4530 Roosevelt Road | Hillside, Illinois 60162 | 708-449-7373 | Fax 708-449-7333



Welfare and Pension Funds

WEEKLY SUPPLEMENTAL UNEMPLOYMENT BENEFIT APPLICATION

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____

MEMBER'S PHONE _____

MEMBER'S EMAIL _____

NAME OF EMPLOYER AT LAYOFF _____

WEEK(S) FOR WHICH I AM APPLYING FOR SUPPLEMENTAL UNEMPLOYMENT

BENEFITS: _____

I WAS UNABLE TO WORK FOR THE WEEK(S) IDENTIFIED ABOVE BECAUSE:

_____ I am able to work but the job-site or workplace is closed due to the COVID-19 quarantine and I have been laid off.

_____ I have tested positive for the COVID-19 virus and unable to work due to quarantine.

_____ I have symptoms of COVID-19 and I am seeking medical diagnosis.

_____ I am able to work but am subject to a federal, state or local quarantine for the COVID-19 virus.

_____ I am able to work but have been advised by a health care professional to self-quarantine due to concerns related to coronavirus.

_____ I am the caregiver for someone who has tested positive for the COVID-19 virus and am under quarantine.

I HEREBY CERTIFY THAT I QUALIFIED FOR BENEFITS FROM THE STATE OF ILLINOIS' DEPARTMENT OF EMPLOYMENT SECURITY **ON OR AFTER 3/23/20**. I HAVE ATTACHED THE FOLLOWING:

- NOTICE FROM IDES STATING WHEN BENEFITS BEGAN.
- PROOF OF PAYMENT FROM IDES FOR EACH WEEK FOR WHICH I AM APPLYING FOR SUPPLEMENTAL UNEMPLOYMENT BENEFITS (YOU MAY SUBMIT ADDITIONAL APPLICATIONS TO OBTAIN THE MAXIMUM OF (4) WEEKS OF SUPPLEMENTAL UNEMPLOYMENT BENEFITS, PROVIDED THAT THE SUPPLEMENTAL UNEMPLOYMENT BENEFIT WILL NOT BE PAID FOR ANY PERIOD STARTING ON OR AFTER JUNE 1, 2020.

DATE UNEMPLOYEMNT WAS APPLIED FOR _____

MY FIRST PAYMENT FROM IDES WAS DATED _____

I ALSO HEREBY CERTIFY THAT I AM NOT RECEIVING WORKERS' COMPENSATION BENEFITS FOR THE WEEK(S) I AM APPLYING FOR SUPPLEMENTAL UNEMPLOYMENT BENEFITS.

SIGNATURE

DATE

Please return to the Fund Office one of the following ways:

US Mail

Email info@sm73funds.org

Fax (708) 449-7606

Applications must be complete and include all required backup before EFT payment can be made.



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DIRECT DEPOSIT FORM FOR SUPPLEMENTAL UNEMPLOYMENT BENEFIT

Dear Participant:

The Fund Office will only be paying the Supplement Unemployment Benefits via EFT (Electronic Funds Transfer). No physical checks will be processed for this benefit.

Please complete this form and return it to the Fund Office with your Weekly Supplemental Unemployment Benefit Application.

Signature _____ Date _____

Printed Name

Name of Bank

Bank Routing Number

Bank Account Number

To ensure all banking information is correctly set up, please furnish the Fund Office with a copy of a VOIDED check.

Thank you,

Patrick Ludvigsen

Fund Administrator