



**OPERATING ENGINEERS LOCAL 825**  
**SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND**  
65 Springfield Avenue - 2<sup>nd</sup> Floor, Springfield, New Jersey 07081 (973) 671-6800

<b>Supplemental Unemployment Benefit Fund Application</b> <b><u>Extension Eligibility Form</u></b>	
<b>1.</b> Full Name _____	<b>2.</b> Social Security No. _____
<b>3.</b> Address _____ City _____ State _____ Zip _____	
<b>4.</b> Telephone No. _____	<b>5.</b> Are you a member of IUOE Local No. 825? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If "No", indicate home Local _____
<b>6.</b> Full name and address of your last employer _____  Your weekly salary <b>Gross</b> \$ _____ <b>Net</b> \$ _____	
<b>7.</b> Are you currently receiving Unemployment Benefits from the State?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>8.</b> If you've answered "Yes" to #7, include supporting documents. If you answered "No", please explain: _____	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>9.</b> Are you out of work due to a positive drug test in the past <u>12</u> months?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>10.</b> Have you been declared medically ineligible to work in the past <u>12</u> months?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>11.</b> Have you applied for pension benefits in the past <u>12</u> months?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>12.</b> Have you refused and/or denied work in the past <u>12</u> months?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>13.</b> Have you been "red tagged" in the past <u>12</u> months?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>14.</b> Are you capable and available for work?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>