

**OPERATING ENGINEERS LOCAL 825  
SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND APPLICATION**

65 Springfield Avenue • 2nd Floor • Springfield, New Jersey 07081 (973) 671-6800

**NOTE: ALL CLAIMS MUST BE FILED NO LATER THAN THIRTY (30) DAYS FROM THE DATE OF  
PAYMENT AND FOR PERIODS NOT TO EXCEED FOUR (4) WEEKS AT ANY ONE TIME**

Name \_\_\_\_\_  
Street \_\_\_\_\_  
Telephone \_\_\_\_\_

Social Security No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
I am a member of I.U.O.E. Local No. \_\_\_\_\_

Are you self-employed or owner/operator? Yes  No   
Are you an officer, partner or do you have an interest in  
any construction company? Yes  No  If "Yes" give  
Company Name \_\_\_\_\_

Name and Address of your last Employer:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am applying for Supplemental Unemployment Benefits  
for the following weekly periods:  
From \_\_\_\_\_ to \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

Total number of days worked for application period: \_\_\_\_\_  
Total straight hours: \_\_\_\_\_  
OT hours: \_\_\_\_\_ DT hours: \_\_\_\_\_

***I am submitting photostatic copies of the required  
NJ/NY/PA State Unemployment information in support  
of my application.***

***Acceptable documents (copies) needed for processing  
this application:***

- Bank Statements
- Payment History from Unemployment
- Internet Certification

If you have any questions about the Fund or this application  
please contact the **SUB Fund**. If your application for  
Supplemental Unemployment Benefits is denied and you  
believe the denial is incorrect, please refer to the  
**Summary Plan Description** for the SUB Plan for  
information on how to file an appeal.

I meet the conditions set forth in the Plan and have been  
unemployed because of layoff.

I reported to the Union Hall in: (Check one)

- Springfield, NJ
- Cherry Hill, NJ
- Middletown, NY
- Training Center, NJ

I placed my name on the out of work list on (date)  
\_\_\_\_\_ making myself available for  
work, I have not refused a job assignment by the  
hiring hall and I am available for a job assignment.

***I certify that the above statements are true and that I  
have been notified that penalties for misrepresentation  
or fraudulent claims will be eight (8) weeks for each week  
collected in addition to reimbursement to the Fund for all  
monies secured through misrepresentation or fraud, and  
also possible expulsion from the Union.***

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**FUND USE ONLY**

This request for benefits covers period:

From: \_\_\_\_\_  
To: \_\_\_\_\_  
Number of weeks to be paid: \_\_\_\_\_  
Amount to be paid for this claim \$ \_\_\_\_\_  
Approved by: \_\_\_\_\_

