

# Supplemental Unemployment Benefit Plan Application for Weekly Benefits

Reduction \_\_\_\_\_

Burnside \_\_\_\_\_

Name: \_\_\_\_\_

Badge No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Layoff: \_\_\_\_\_

Have You Registered at a State Unemployment Office: Yes \_\_\_\_\_ No \_\_\_\_\_

Supplemental Unemployment Benefit Plan Weekly Certification for Application for Weekly Benefits

I certify that during the week covered by this application I was laid off and earned no wages or remuneration except as shown. I am not claiming any accident or sickness, total disability benefit or a pension or retirement benefit except as reported. I did not receive and am not eligible for any unemployment benefit from another employer. I am available for full time work. I have registered for work with the state employment service and have reported to that office with respect to the week indicated herein, and I have not refused any referral or offer of suitable work or voluntarily left other employment. I understand that I may be disciplined if I willfully falsify or withhold a material fact to obtain benefits under the Plan.

I hereby authorize the release to the company by state unemployment compensation authorities of any information pertaining to my state unemployment compensation claim.

I hereby agree to repay to the trustee of SUB Trust Fund the amount of any overpayment of supplemental benefits which may be made to me and for that purpose I hereby authorize the company to deduct and pay over to said Trustee, the amount of any overpayment from my weekly benefits otherwise due me or from any monies hereafter becoming due to me from the company.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_