

ADDITIONAL SECURITY BENEFITS PLAN
JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY
158-11 HARRY VAN ARSDALE JR. AVENUE , FLUSHING, N.Y. 11365
PHONE 1-718-969-4040
APPLICATION FOR SUPPLEMENTARY BENEFITS
PLEASE PRINT

NAME _____
First Last

ADDRESS _____
Number and Street

_____ Town or City

_____ State _____ Zip Code

PID. # _____

LOCAL UNION # _____

DIV. _____ UNION CARD # _____

PHONE # _____

Please answer below:

1. Are you (check one) unemployed employed retired or left industry _____
Date
2. If employed, indicate employer's name: _____
3. I am applying for (check applicable box(es):
 - Supplementary Unemployment Benefits
 - Supplementary Workers' Compensation Benefits
 - Supplementary Disability Benefits
 - Supplementary Economic Assistance Benefits (Medical/Dental/Drugs)
 - Supplementary Financial Assistance Benefits (Mortgage/Rent) - Indicate month(s): _____
 - Supplementary Vacation and Holiday Benefits - Indicate vacation dates: _____
 - College Tuition Reimbursement Benefit: _____
Semester Child's Name
 - Non-College Private School Tuition Reimbursement: _____
School Year Child's Name
 - Cobra Premium Reimbursement: Month & Year: _____
 - Jury Duty Benefit
 - Funeral Leave Benefit - Indicate relationship of deceased to participant: _____
 - Adoption Expenses
 - Medicare Part B Reimbursement
 - Long Term Care Premium Reimbursement
 - Child Care Reimbursement

READ INSTRUCTIONS ON REVERSE SIDE

Date: _____ Signature: _____

For Office Use Only

Code	Amount	Date	TB Amount	TB Date

