

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 E-MAIL: supplementarybenefits@jibe.com

APPLICATION FOR SUPPLEMENTARY BENEFITS

PLEASE PRINT

NAME _____
First _____ Last _____
ADDRESS _____ PID. # _____
Number and Street _____
Town or City _____ LOCAL UNION # _____
State _____ Zip Code _____ DIV. _____ UNION CARD # _____
PHONE # _____

Please answer below:

- Are you (check one) unemployed employed retired or left industry _____ Date _____
- If employed, indicate employer's name: _____
- 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: _____

E-mail To: supplementarybenefits@jibe.com

For Office Use Only

Code	Amount	Date	TB Amount	TB Date

PAYMENT FROM THE ADDITIONAL SECURITY BENEFITS PLAN

You should refer to your summary plan description booklet as to your eligibility to receive distribution from the Plan. Listed below is the required documentation that must be attached to this application in order for payment to be made to you. **The Plan reimburses benefits for up to one year with the exception of Economic Assistance which reimburses up to two years after the event or date the service is rendered.**

1. **Supplementary Unemployment, Disability or Workers' Compensation Benefits**

In order to be eligible, you must be receiving Unemployment, Disability or Workers' Compensation Benefits. The applicant must furnish a photocopy of the Unemployment, Disability or Workers' Compensation check stub to the Plan. You must notify the Plan when you return to work.

2. **Supplementary Economic Assistance Benefits**

In order to receive payment for unreimbursed hospitalization, medical, surgical, prescription drug, or dental expenses, the applicant must first submit bills to the Hospitalization Plan or Dental Plan. Submit the denial or Explanation of Benefits along with the form "A" or form "B" portion of this application. The Plan will also allow for reimbursement of COBRA premiums, Medicare Part "B" premiums, long term care premiums paid to an insurance company, and certain over the counter drugs, subject to Internal Revenue Code limits. Effective January 1, 2011, most over the counter drug reimbursement claims must be submitted with an original valid prescription.

- Claims submitted for nursing homes or assisted living must be accompanied by a letter of medical necessity from a physician.
- Individual bills for any of the above should be accumulated until the total expenses equal or exceed \$100.00 or you may submit a lesser amount at the beginning of December.
- In order to obtain reimbursement for a COBRA premium payment, the applicant is obligated to include a copy of the canceled check for a divorced spouse or dependent child.
- In order to obtain reimbursement for a Medicare Part "B" premium payment, the applicant must submit Form SSA-1099 on an annual basis.

3. **Supplementary Financial Assistance Benefits**

The applicant must submit an original delinquent mortgage payment coupon, rent bill or notarized Landlord form along with proof of current unemployment. Additional information may be requested.

4. **Supplementary Vacation and Holiday Benefits**

The applicant will have to provide a letter from the employer indicating the vacation dates. Holiday benefits are automatically disbursed unless a written request is made to waive this payment.

5. **College Tuition and Non-College Private School Tuition Reimbursement**

The applicant must attach an original itemized paid bill on school letterhead, including the student's name, semester/school year and dollar amount paid. Tuition bill must be signed by a financial representative of the school and must bear the school's seal or stamp. Reimbursement may be requested on an annual or semi-annual basis.

6. **Jury Duty Benefit**

Members who are *not* eligible for the regular Jury Duty benefit from the Educational and Cultural Trust Fund must attach the original receipt from the court as proof of serving jury duty.

7. **Funeral Leave Benefit**

The applicant must attach a certified death certificate. This benefit is limited to immediate family: spouse, parent, spouse's parent, child (natural, adopted, or dependent), brother and sister.

8. **Adoption Expenses**

Qualified adoption expenses, including court costs, attorney and other related fees, may be reimbursed if related to the adoption of a child under the age of 18. Original paid bills as well as a copy of the final adoption document are required. The maximum withdrawal is \$10,000.00.

9. **Child Care Reimbursement**

Bills for Child Care Services must be from a certified day care center that provides supervision and care of a child through age 12. An original letter must be submitted from the provider that includes the name of the child, the amount that was paid by the participant, a description of the services provided and the time period. The letter, on the provider's letterhead, must be signed by an official or officer of the institution. Child Care reimbursement is allowed up to a net of \$15,000 per calendar year, per child. The participant must maintain a minimum \$10,000 balance in their account.