

PENSION, HOSPITALIZATION AND BENEFIT PLAN
(formerly know as VHUP)
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 BENEFITS

PLEASE PRINT

NAME _____
First Last

ADDRESS _____
Number and Street PID. # _____

_____ LOCAL UNION # _____
Town or City

_____ DIV. _____ UNION CARD # _____
State Zip Code

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
 Holiday Benefits - Indicate dates: _____
4. Lump Sum distribution (only if retired or left industry as indicated above)

Date: _____ Signature: _____

READ INSTRUCTIONS ON REVERSE SIDE

For Office Use Only

Code	Amount	Date	TB Amount	TB Date

PAYMENT FROM THE VACATION/HOLIDAY/UNEMPLOYMENT PLAN

You should refer to your summary plan description booklet as to your eligibility to receive distribution from this Plan. Listed below is the required documentation that must be attached to this application in order for payment to be made to you.

1. **Supplementary Unemployment Benefits**

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

2. **Holiday Benefits**

Holiday benefits are automatically disbursed unless a written request is made not to receive the benefits.