

**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](mailto: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 PHBP (FKA VHUP)**

You should refer to your 2022 VHUP 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.