



# WISCONSIN ELECTRICAL EMPLOYEES BENEFIT FUNDS



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SPONSORED BY: INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS  
LOCAL UNIONS #14, 127, 158, 159, 388, 430, 577, 890  
NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION-WISCONSIN CHAPTER

## APPLICATION FOR BENEFIT PAYMENT(S) FROM SUPPLEMENTAL UNEMPLOYMENT BENEFIT (SUB) ACCOUNT

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

Plan ID Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Lay-off Date: \_\_\_\_\_

List Week(s) that you are seeking benefit payment(s) for: \_\_\_\_\_

\_\_\_\_\_

### Please submit the following documents with your application;

- 1) W-4 pages one and two. Please complete the form in its entirety, make sure you sign and date the form and return to; WEEBF, 2730 Dairy Drive, Suite 101, Madison, Wisconsin 53718. THE INTERNAL REVENUE SERVICE PUBLICATION 15-A, EMPLOYERS SUPPLEMENTAL TAX GUIDE, states that withholding on taxable SUB payments must be based on the participant's form W-4 withholding certificate.
- 2) An unemployment compensation receipt or stub issued by the Wisconsin Unemployment Department or other similar State unemployment compensation program for the affected week.
- 3) A lay-off slip/Termination Notice **OR** a letter from your Employer stating that you have been Temporarily Involuntarily Terminated (with the effective date of termination).

**\*\* Please Note:** After the sixth week of Unemployment, the participant must submit both a state unemployment receipt and evidence that he has signed Book One or taken other action to obtain employment through the Local Union's referral process. The six weeks of Unemployment will only reset to a new term upon return to work and a new layoff/Termination. When re-applying for benefits you must also include a copy of your last paystub along with your new application, unemployment receipt, layoff slip/ termination notice or new letter from employer with your new effective date of Temporary Involuntary Termination.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_