Plumbers Local Union No.150-02 5th Street, Long Island City, New York 11101Tel.	Welfare F (718) 223-4313 / (718)		y Disability alocal1funds.org
Date Received Date Complete WF-5/20 w/DD FOR OFFIC E USE ONLY	Applicatio	n for Ben	efit Form
(A) Member Information	-	Use a ballpoin	t pen to complete form
(1) Social Security Number (2) Last	(3) First		(4) Init.
(5) Street (6)City (6)City BTJ BTA MESJ MES (9) Date of Birth (12) E-mail Address	H OTJ OTH (10) Classif	(7) State	(8) Zip (11) Phone Number
Check for YES (13) Use Form W4 Option (14) NEW Claim (15) Last Employer		) Last date of Employment	
(B) Distribution Information			
The undersigned hereby makes application to the Welf If an Active Eligible Employee is eligible for and Disability Benefits, the Employee will receive up week he or she receives State Disability Benefits, 26 weeks. The Employee must submit proof th collecting State Disability Benefits. The facts herein stated are true and correct in every respect ar payments to the undersigned in accordance with the rules of th	I receiving State to \$300 for each to a maximum of at he or she is nd are made for the purpo	You must submit proof for nave collected State Disab N4 is OPTIONAL and must with this application for th Federal, State and City Tax se of enabling the We	each week that you ility Benefits A Form be submitted along e Fund to withhold, tes.
(ORIGINAL SIGNATURE OF APPLICANT)	(DATE)		
(C) Weekly Disability Benefit Certification (Must be signed by Memb (C) DISABILITY CERTIFICATION I attest that I am or have been TEMPORARILY DISABLED Signed un (ORIGINAL SIGNATURE OF APPLICANT)			
<b>NEW DIRECT DEPOSIT PAYMENT OPTION SEE ATTACHED ENRO</b> Retain a copy of this form for your records. Return the original to the Fu	-	CLAIM DATE FOR OFFIC	E USE ONLY
With possible disruptions with the US Postal Services, and limited access to the Fund Office, all applications and related documents should be sent by e-mail or text to info@ualocal1funds.org or by fax to 718-641-8155. Any questions regarding this benefit		PERIOD END DATE	
should also be submitted by email or fax. For questions: Please e-mail or text to info@ualocal1funds.org or by	y fax to 718-641-8155.	GROSS AMOUNT	
You can also call the Fund Office Welfare Department at (718) 223-43 at <u>www.ualocal1funds.org</u> .		PYMTS.	ТҮРЕ
When are Benefits Paid?		TAXES	

Benefits will be paid by the Fund on a monthly basis, application for Benefit Forms are due in the Fund Office no later than the Second Tuesday of each calendar month.

If you have any questions or require additional information about filing a claim please contact the Fund Office Welfare Fund Department by email or text at <u>info@ualocal1funds.org</u>, by fax at (718) 641-8155 or by telephone at (718) 223-4313.

The Trustees of the Plumbers Local Union No. 1 Welfare Fund would also like to remind you that you can download claim forms and related documents via our website at www.ualocal1funds.org.

Form **W-4** 

## Employee's Withholding Certificate

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. ► Give Form W-4 to your employer.

Department of the Treasury
Internal Revenue Service

Your withholding is subject to review by the IRS.

		• • •		
Step 1:	(a) First name and middle initial	Last name	(b) Social security number	
Enter Personal Information	Address City or town, state, and ZIP code		► Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to	
	(c)       Single or Married filing separately         Married filing jointly (or Qualifying widow(er))         Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)			

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2: Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. **Multiple Jobs** or Spouse Do only one of the following. Works (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . . .

> TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	m Multiply the number of qualifying children under age 17 by \$2,000 ► <u>\$</u>		
	Multiply the number of other dependents by \$500	3	\$
Step 4 (optional): Other	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
Adjustments	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period .	4(c)	\$

Step 5:	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
Sign Here	Employee's signature (This form is not valid unless you sign it.)		Date
Employers Only	Employer's name and address Plumbers Local Union No. 1 Welfare Fund 50-02 5th Street	First date of employment	Employer identification number (EIN)
	Long IsIsnd City, NY 11101		11-1538293

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

## Plumbers Local Union No.1

FOR OFFICE USE ONLY

Date Complete

50-02 5<sup>th</sup> Street, Long Island City, New York 11101

Date Received

WELFARE FUND

Tel. (718) 223-4313 / (718) 835-2700 www.ualocal1funds.org

## Direct Deposit Enrollment/Change Form

(A) Member Information	Use a ballpoint pen to complete form	
(1) Social Security Number (2) Last (3) Fi	rst (4) Init.	
(5) Street (6) City	(7) State (0) 7 in	
(5) Street (6) City	(7) State (8) Zip	
(9) Date of Birth (10) Phone	Number	
(12) E-mail Address		
(11) New Authorization (12) Changing Authorization (13) Cancel Authorization (14) Effective Date (MM		
(B) Complete to Enroll / Add / Change Bank Accounts – please print clearly in black or blo		
Type of Account* Checking Savings/Money market Routing/Transit Number		
Checking/Savings Account Number**	╘┥╘┥╞┥╞┥╞┥╞┥╽	
Financial Institution (Bank) Name		
Use this deposit for my Weekly Unemployment HRA Welfare ASB Weekl	y Disability 🔄 Refund 🔄 Death Benefit	
*Member must be Bank Account Holder		
**Certain accounts may have restrictions on deposits and withdrawals. Check with your bank fo	r more information specific to your account.	
(C) Member Confirmation Statement		
Please sign in blue or black ink only – <i>Electronic Signatues</i> are NOT VALID		
I authorize the Plumbers Local Union No. 1 Welfare Fund (FUND) to deposit my benefit payment(s) into the bank account specified above (this includes my authorization to correct entries made in error). I certify that my account(s) allow these transactions. Furthermore, I certify that the		
above listed account number accurately reflects my intended receiving account. I agree that all applicable laws. My signature below indicates that I am agreeing that I am the accountholo	der to authorize the FUND to make direct deposits	
into the named account under penalty of perjury. This authorization will remain in effect until I	give written notice to cancel.	
(DRIGINAL SIGNATURE OF APPLICANT) - Wet Ink Signatures ONLY! (DATE) MM/DD/YYYY (D) Common Questions		
Q1. Can I use my US Alliance Federal Credit Union Account for this Direct Deposit? A1. Yes- If you have an account with Alliance Federal Credit Union, you can use this authorizati	ion form.	
Q2. When will I receive my Direct Deposit A2: Your funds (Benefit Payment) will be available sometime after 12:01 AM on the same day the	nat vour Benefit Pavment is processed. Instead of	
receiving a paper check several days later, depositing that check, and then waiting for funds ava sooner.		
Q3: Must I participate in the Direct Deposit Program		
A3: Direct Deposit is voluntary. With the Fund Office temporarily closed and staff working remotely from home, processing a regular check will be significantly delayed.		
Q4: Will all my Benefit Payments be Direct Deposited		
A4: All Benefit payments elected in Section B above will be paid with direct deposit. Yo can cancel this option by submitting a new form.		
<b>Q5:</b> What if I decide to change banks. What do I have to do A5: Simply complete and submit a new Direct Deposit Enrollment/Change Form with the new bank information.		
Retain a copy of this form for your records. Return the original to the Fund Office.		
With possible disruptions with the US Postal Services, and limited access to the Fund Office, all applications	CLAIM DATE	
and related documents should be sent by e-mail or text to info@ualocal1funds.org or by fax to 718-641-8155. Any questions regarding this benefit should also be submitted by email or fax.		
For questions: Please e-mail or text to info@ualocal1funds.org or by fax to 718-641-8155. You can also call		

the Fund Office Welfare Department at (718) 223-4313 or visit our web site at <u>www.ualocal1funds.org</u>.