PLEASE READ CAREFULLY BEFORE COMPLETING AND SUBMITTING YOUR APPLICATION FORM & DOCUMENTS!

	fare Fund Weekly Unempl 16 223-4313 (716 535-2730) www.ualocal	
Date Received Date Complete VR-375 wCD	Application for Benefit	For
(A) Mender Information	Use a fulport per ti	i congristiv
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CX Trades Journeyman & J. Journeyman \$250	submitted along with this applicate Fund to withheld, Federal, Sate a	
SIGNATURES AR	FullInT of stating the Welfare Fo	und to ma
Sum Plumber	411312020	
VALID	the at any fit (the solution of about parts	
10 Weekly Unemployment Decentit Cartification (Must be signed by Mis	rise)	
a (C) UNEMPLOYMENT/UNDEREMPLOYMENT C	ERTIFICATION	Notes de
 Latest that Lark or fave been UNEMPLOYED and setty willing and a Collective Barganing Agreement. Eigned antini penalty of perjory. 	the to want in the normal working hours per week under	r the appro-
Sam Plumber	AITSTOW	
(2) Worky Unemployment Benefit Certification (Multitle right) by Li	and the second	14
 D) PLUMBERS LOCAL UNION NO. 1 UNEMPL Plasse state that effective immediately the requirement 		of a Loss
person has been suspended. Also, Section D or Local 1		
	INT FORM	-
NEW DIRECT DEPOSITION BET ON SEE ATTACHED DIROLLS Retain a uppy of this form for your Retain the impiral to the Fund	and the second	
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at applications and schemit its should be sent by a shoppaneous bound and the sent by a shoppaneous bound also be admitted by ensui-	enal or text to promp the benefit GROSS_AMOUNT	
For mentane Please e-mail or findhument filests are or to fa	w 718-641-0155	_
You can also call the Funct Office	or visit our well also PTENTS. TYPE	
an energy all confirming and	TAXES	

Employee's Withholding Certificat

NLY if they apply to you; otherwise, skip to Step 5. See page 2 for more

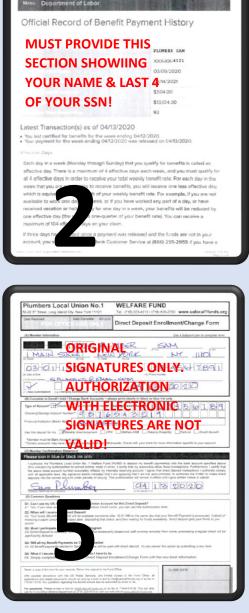
FORM W4 IS OPTIONAL!

20

W-4

Multiple Job or Spouse

Stan 3



week, payme	ents may be o	felayed by one	day that week		
		Pay	ment History		
Week Ending	Total Amount	Net Amount	Effective Days	Release Date	Type
04/12/2020	\$600.00	\$600.00	0	04/13/2020	Debit Payn Card
04/12/2020	\$504.00	\$504.00	4	04/13/2020	Debit Payn Card
04/05/2020	\$600.00	\$600.00	0	04/06/2020	Debit Payn Card
04/05/2020	\$504.00	\$504.00	4	04/06/2020	Debit Peyrr Card
03/29/2020	\$504.00	\$504.00	4	04/02/2020	Debit Payn Card
Jnempl	so.oo oymen	^{so.oo} t Insura	4 nce Tern	03/26/2020	Card Waiting we
Jnempl	so.oo oymen	^{so.oo} t Insura	4 nce Tern	03/26/2020	Card Waiting we
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based on the claimant's wages paid during

1

Help us Better Process Your Claim!

ONLY original signatures are accepted for Direct Deposit

DO NOT send upside-down or sideway pictures of form.

Organize in the order shown

- Application for Benefit Form Compete section A and B. Sign and date Section B and C. ORIGINAL SIGNATURE ONLY! Do not return copy of back of form.
- 2&3 Proof of Unemployment Proof for each week that you have <u>collected/received</u> State Unemployment Benefits. Proof must have your name listed and Week Ending paid dates. Letter stating claim is filed in NOT VALID!
- **4** Form W4 Optional. Only complete and return if you would like to have the Fund to withhold, Federal, State and City Taxes. Do not send pages 2 4 of Form W4.
- 5 Direct Deposit Optional. Complete section A and B. Sign and date section C. ORIGINAL SIGNATURE ONLY!

IF NOT SURE PLEASE CALL BEFORE YOU SEND send by e-mail or text to info@ualocal1funds.org or by fax to 718-641-8155.

NOTE: For recurring claims FORM W4 or Direct Deposit Authorization Form is not required unless you are making changes.

Weekly Unemployment Benefit Tax Withholding Information

Tax withholding is optional, and you can elect to receive the entire Weekly Unemployment Benefit amount and pay taxes on it at the end of the year instead. Receiving a larger check is tempting, but it's wise to have the taxes withheld from your Weekly Unemployment Benefit. Taking a hit now is better than owing the IRS at the end of the year. A Form W2 will be issued by the Fund reflecting withholdings, if any.

As stated above, unless you submit a Form W4, FICA/Medicare, Federal, State or City taxes **will not** be withheld when the benefits are distributed by the Fund.

The following examples summarize the tax withholdings that apply to the Weekly Unemployment Benefit when you submit a valid Form W-4.

These examples, which are based on the 2020 tax rates, illustrate withholdings for an unmarried individual or married filing separately, a married individual fining jointly, and a head of household individuals. If you have other income such as wages during a tax year from work performed in covered employment, are married and have additional income from a working spouse or from other types of investments, your tax bracket may be higher, and you may want to elect Extra Withholdings in Step 4 of Form W4. These examples include FICA/Medicare, Federal, State and City income tax rates based on weekly tax tables issued by the respective taxing authorities and are merely for illustrative purposes. **Check with your tax advisor to see how electing Form W4 Option can affect you.**

	FICA/Medicare	Federal	State	City	Payment
Single or married filing separately	\$0.00	\$0.00	\$0.00	\$0.00	\$900.00
Married filing jointly	\$0.00	\$0.00	\$0.00	\$0.00	\$900.00
Head of household	\$0.00	\$0.00	\$0.00	\$0.00	\$900.00

Example 1 – Assume you are receiving \$900.00 (3 weeks at \$300 week) and you **DO NOT elect Form W-4 option**.

	FICA/Medicare	Federal	State	City	Payment
Single or married filing separately	\$0.00	\$57.00	\$18.30	\$13.65	\$811.05
Married filing jointly	\$0.00	\$18.00	\$17.10	\$12.75	\$852.15
Head of household	\$0.00	\$36.00	\$17.10	\$12.75	\$834.15

Example 3 – Assume you are receiving \$300.00 (1 weeks at \$300 week) and you elect Form W-4 option.

	FICA/Medicare	Federal	State	City	Payment
Single or married filing separately	\$0.00	\$19.00	\$6.10	\$4.55	\$270.35
Married filing jointly	\$0.00	\$6.00	\$5.70	\$4.25	\$284.05
Head of household	\$0.00	\$12.00	\$5.70	\$4.25	\$278.05

You may want to elect the Form W4 option with Extra Withholdings in Step 4 of Form W4 to minimize amounts owed to the IRS.

	Veekly Unemployment 835-2700 www.ualocal1funds.org
Date Received Date Complete WF-4/20 w/DD E USE ONLY Application	on for Benefit Form
(A) Member Information	Use a ballpoint pen to complete form
(1) Social Security Number (2) Last (3) First	(4) Init.
(5) Street (6) City	(7) State (8) Zip
(9) Date of Birth (10) Classification (Circle One) (11) Phone Nu	Imber
	16) Last date of Employment
(B) Distribution Information	
BT Apprentice \$150 MES Journeyman & Serviceman \$200 MES Julatar \$100	You must submit proof for each week that you have collected State Unemployment Benefits. Also, as required by law, the Fund automatically deducts FICA/Medicare. A Form W4 must be submitted along with this application for the Fund to withhold, Federal, State and City Taxes. One of enabling the Welfare Fund to make alty of perjury, for each week he or she receives State Unemployment Benefits, al working hours per week under the applicable FICATION
NEW DIRECT DEPOSIT PAYMENT OPTION SEE ATTACHED ENROLLMENT FORM 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 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.	CLAIM DATE FOR OFFICE USE ONLY PERIOD END DATE GROSS AMOUNT
For questions: Please e-mail or text to <u>info@ualocal1funds.org</u> 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> .	PYMTS. TYPE

Please circle the benefit being claimed in Section "B" on the front of this application.

- (a) BT Journeyman (BTJ) \$300 per week receiving State unemployment benefits up to 26-weeks. (Must sign Section "C" on the front of this form & must submit proof of State Unemployment Benefits)
- (b) **BT Apprentice (BTA) -** \$150 per week receiving State unemployment benefits up to 26-weeks. (Must sign Section "C" on the front of this form & must submit proof of State Unemployment Benefits)
- (C) MES Journeyman & Serviceman (MESJ) \$200 per week receiving State unemployment benefits up to 26weeks. (Must sign Section "C" on the front of this form & must submit proof of State Unemployment Benefits)
- (d) MES Helper (MESH) \$100 per week receiving State unemployment benefits up to 26-weeks. (Must sign Section "C" on the front of this form & must submit proof of State Unemployment Benefits)
- (e) Oil Trades Journeyman & Jr. Journeyman (OTJ) \$250 per week receiving State unemployment benefits up to 26-weeks. (Must sign Section "C" on the front of this form & must submit proof of State Unemployment Benefits)
- (f) Oil Trades Helper (OTH) \$125 per week receiving State unemployment benefits up to 26-weeks. (Must sign Section "C" on the front of this form & must submit proof of State Unemployment Benefits)

WEEKLY UNEMPLOYMENT BENEFITS

If an Active Eligible Employee is eligible for and receiving State Unemployment Benefits, the Employee will receive up to \$300 for each week he or she receives State Unemployment Benefits, to a maximum of 26 weeks. See schedule above. For each weekly benefit being claimed, the Employee must submit proof that he or she is collecting State Unemployment Benefits.

Weekly Unemployment eligibility for benefits may be terminated if you become employed in any of the following categories of employment:

- Employment with any contributing Employer;
- Employment with any Employer in the same or related business as a contributing Employer;
- Self-employment in the same or related business as a contributing Employer; or
- Employment or self-employment in any business which is under the jurisdiction of the Union.

The Trustees may require you to (i) appear before the Trustees or a Committee of the Trustees, or (ii) submit additional evidence of your unemployed status, such your tax returns, and your efforts to find work. The Trustees may terminate your Weekly Unemployment Benefits if (i) you fail to submit proof of collecting State Unemployment Benefits, (ii) you fail to appear before the Trustees or Committee when requested, (iii) if you fail to submit additional information requested by the Trustees, (iv) you present false information or fail to provide relevant information to the Trustees, (v) you return to work, or (vi) if you refuse work offered to you. Eligibility for this benefit is available as long as the Union certifies that there is unemployment in the jurisdiction of Local 1.

Are Distributions Taxable?

Tax withholding tables can be used for Weekly Unemployment Benefits if you provide the Fund with attached Form W-4.

When are Benefits Paid?

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.

Received through:	Paid the week of:	Received through:	Paid the week of:
January 14, 2020	January 20, 2020	February 11, 2020	February 17, 2020
March 10, 2020	March 16, 2020	April 14, 2020	April 20, 2020
May 12, 2020	May 18, 2020	June 9, 2020	June 15, 2020
July 14, 2020	July 20, 2020	August 11, 2020	August 17, 2020
September 8, 2020	September 14, 2020	October 13, 2020	October 19, 2020
November 10, 2020	November 16, 2020	December 8, 2020	December 14, 2020

If you have any questions or require additional information about filing a claim please contact the Fund Office Welfare Fund Department at (718) 835-2700.

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 unma	arried and pay more than half the costs of keeping up a home for yo	www.ssa.gov.

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	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ► <u>\$</u> Multiply the number of other dependents by \$500 ► \$		
	Add the amounts above and enter the total here	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 5th 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 blue ink only	
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 Weekly Disability Refund Death Benefit	
*Member must be Bank Account Holder	
**Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for 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 paym 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 direct deposit transactions I authorize comply with all applicable laws. My signature below indicates that I am agreeing that I am the accountholder 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 authorization 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 that your Benefit Payment 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.	
Q5: 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>.