

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

**ORIGINAL SIGNATURES ONLY.**  
**CLAIMS WITH ELECTRONIC SIGNATURES ARE NOT VALID!**

**MUST PROVIDE THIS SECTION SHOWING YOUR NAME & LAST 4 OF YOUR SSN!**

**MUST PROVIDE THIS SECTION SHOWING WEEKS PAID TO YOU!**

Help us Better Process Your Claim!

**ONLY original signatures are accepted for Direct Deposit**

**DO NOT send upside-down or sideways pictures of form.**

**Organize in the order shown**

**FORM W4 IS OPTIONAL!**

**ORIGINAL SIGNATURES ONLY. AUTHORIZATION WITH ELECTRONIC SIGNATURES ARE NOT VALID!**

- 1 Application for Benefit Form – Complete 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 collected/received 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](mailto: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 filing 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.**

**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        | \$0.00  | \$0.00 | \$0.00 | <b>\$900.00</b> |
| Married filing jointly              | \$0.00        | \$0.00  | \$0.00 | \$0.00 | <b>\$900.00</b> |
| Head of household                   | \$0.00        | \$0.00  | \$0.00 | \$0.00 | <b>\$900.00</b> |

**Example 2** – Assume you are receiving \$900.00 (3 weeks at \$300 week) and you elect Form W-4 option.

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

**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 | <b>\$270.35</b> |
| Married filing jointly              | \$0.00        | \$6.00  | \$5.70 | \$4.25 | <b>\$284.05</b> |
| Head of household                   | \$0.00        | \$12.00 | \$5.70 | \$4.25 | <b>\$278.05</b> |

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.

# Plumbers Local Union No.1

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

# Welfare Fund Weekly Unemployment

Tel. (718) 223-4313 / (718) 835-2700 [www.ualocal1funds.org](http://www.ualocal1funds.org)

Date Received

Date Complete WF-4/20 w/DD

**FOR OFFICE USE ONLY**

## Application 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 -- BTJ BTA MESJ MESH OTJ OTH  
 (10) Classification (Circle One) (11) Phone Number --

(12) E-mail Address   
 Circle YES or Recurring YES Recurring  
 (13) Use Form W4 Option (14) NEW Claim (15) Last Employer  (16) Last date of Employment

### (B) Distribution Information

The undersigned hereby makes application to the Welfare Fund for Week(s) \_\_\_\_\_ to \_\_\_\_\_.  
 mm/dd/yyyy mm/dd/yyyy

| Classification                         | Weekly Benefit | SELECT ONE |
|--|----------------|------------|
| BT Journeyman                          | \$300          |            |
| BT Apprentice                          | \$150          |            |
| MES Journeyman & Serviceman            | \$200          |            |
| MES Helper                             | \$100          |            |
| Oil Trades Journeyman & Jr. Journeyman | \$250          |            |
| Oil Trades Helper                      | \$125          |            |

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.

*The facts herein stated are true and correct in every respect and are made for the purpose of enabling the Welfare Fund to make payments to the undersigned in accordance with the rules of the Plan. Signed under penalty of perjury,*

(ORIGINAL SIGNATURE OF APPLICANT) \_\_\_\_\_

(DATE) \_\_\_\_\_

*If an Active Eligible Employee is eligible for and receiving State Unemployment Benefits, the Employee may receive up to \$300 for each week he or she receives State Unemployment Benefits, to a maximum of 26 weeks. The Employee must submit proof that he or she is collecting State Unemployment Benefits.*

### (C) Weekly Unemployment Benefit Certification (Must be signed by Member)

#### (C) UNEMPLOYMENT/UNDEREMPLOYMENT CERTIFICATION

I attest that I am or have been UNEMPLOYED and ready, willing and able to work in the normal working hours per week under the applicable Collective Bargaining Agreement. Signed under penalty of perjury,

(ORIGINAL SIGNATURE OF APPLICANT) \_\_\_\_\_

(DATE) \_\_\_\_\_

### (D) Weekly Unemployment Benefit Certification (Must be signed by Local 1)

#### (D) PLUMBERS LOCAL UNION NO. 1 UNEMPLOYMENT CERTIFICATION

**Please note that effective immediately the requirement to submit the Weekly Unemployment Benefit Form in person has been suspended. Also, Section D or Local 1's Certification is not currently required.**

#### 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](mailto: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](mailto: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 [www.ualocal1funds.org](http://www.ualocal1funds.org).

over

CLAIM DATE

**FOR OFFICE USE ONLY**

PERIOD END DATE

GROSS AMOUNT

PYMTS.

TYPE

TAXES

**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 26-weeks. (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.

| <b>Received through:</b> | <b>Paid the week of:</b> | <b>Received through:</b> | <b>Paid the week of:</b> |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>January 14, 2020</b>  | January 20, 2020         | <b>February 11, 2020</b> | February 17, 2020        |
| <b>March 10, 2020</b>    | March 16, 2020           | <b>April 14, 2020</b>    | April 20, 2020           |
| <b>May 12, 2020</b>      | May 18, 2020             | <b>June 9, 2020</b>      | June 15, 2020            |
| <b>July 14, 2020</b>     | July 20, 2020            | <b>August 11, 2020</b>   | August 17, 2020          |
| <b>September 8, 2020</b> | September 14, 2020       | <b>October 13, 2020</b>  | October 19, 2020         |
| <b>November 10, 2020</b> | November 16, 2020        | <b>December 8, 2020</b>  | 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](http://www.ualocal1funds.org).

# Employee's Withholding Certificate

▶ **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.**  
 ▶ **Your withholding is subject to review by the IRS.**

**2020**

**Step 1:  
Enter  
Personal  
Information**

|  |           |  |
|--|-----------|--|
| (a) First name and middle initial  | Last name | (b) Social security number   |
| Address  |           | ▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> . |
| City or town, state, and ZIP code  |           |  |
| (c) <input type="checkbox"/> <b>Single or Married filing separately</b>  |           |  |
| <input type="checkbox"/> <b>Married filing jointly</b> (or Qualifying widow(er))   |           |  |
| <input type="checkbox"/> <b>Head of household</b> (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:  
Multiple Jobs  
or Spouse  
Works**

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.

Do **only one** of the following.

- (a) Use the estimator at [www.irs.gov/W4App](http://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 ▶ \$                 | _____ |             |
| Multiply the number of other dependents by \$500 . . . . . ▶ \$                         | _____ |             |
| Add the amounts above and enter the total here . . . . .                                |       | <b>3</b> \$ |

**Step 4  
(optional):  
Other  
Adjustments**

|   |             |    |
|---|-------------|----|
| (a) <b>Other income (not from jobs).</b> 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 . . . . . | <b>4(a)</b> | \$ |
| (b) <b>Deductions.</b> 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 . . . . .  | <b>4(b)</b> | \$ |
| (c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .  | <b>4(c)</b> | \$ |

**Step 5:  
Sign  
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ \_\_\_\_\_ ▶ \_\_\_\_\_  
**Employee's signature** (This form is not valid unless you sign it.) **Date**

**Employers  
Only**

|   |                          |  |
|---|--------------------------|--|
| Employer's name and address<br>Plumbers Local Union No. 1 Welfare Fund<br>50-02 5th Street<br>Long Islnd City, NY 11101 | First date of employment | Employer identification number (EIN)<br><br>11-1538293 |
|---|--------------------------|--|

