

Plumbers Local Union No.1

50-02 5th Street, Long Island City, New York 11101

Welfare Fund ASB Account

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

Date Received

Date Complete

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 -- (10) Sex M F (11) Home Phone Number

(12) E-mail Address
 (13) Retired (14) Active (15) Current or Last Employer (16) Last date of Employment

(B) Distribution Information

The undersigned hereby makes application to the Welfare Fund for the **TOTAL** payment

of \$, . (less any applicable FICA, Federal, State and City taxes),

For the following benefit (please circle benefit) **a - b - c - d - e - f - g - h - i - j - k - l - m**
From the following account (please check account)

Account A (Employer Contributions), **Account B** or **Account C** (Employee Contributions)

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 ASB Account rules. Signed under penalty of perjury.

(ORIGINAL SIGNATURE OF APPLICANT)

(DATE)

NOTE: For a complete description of Benefits and Tax-Rules, see the Summary Plan Description (SPD) or call the Fund Office. Benefit payments will be automatically made from Account A until balance is depleted, Account B until balance is depleted and from Account C thereafter, unless otherwise specified.

(C) Supplemental Income Maintenance Affidavit (Must be signed if claiming Supplemental Unemployment Benefits)

(C) UNEMPLOYMENT/UNDEREMPLOYMENT CERTIFICATION

I attest that I am ready, willing and able to work in the normal working hours per week under the applicable Collective Bargaining Agreement.

(ORIGINAL SIGNATURE OF APPLICANT)

(DATE)

(D) Supplemental Income Maintenance Affidavit (Must be signed if claiming Supplemental Income Benefits)

(D) SUPPLEMENTAL INCOME MAINTENANCE AFFIDAVIT

I attest that I am, or have been UNEMPLOYED, or UNDEREMPLOYED or INJURED ON THE JOB or DISABLED. Signed under penalty of perjury

(ORIGINAL SIGNATURE OF APPLICANT)

(DATE)

You can Go To MyBenefits.nypl1f.org, ASB Tab, to view the latest Benefit payment information including monthly account valuations. If you are having trouble logging into your account or you have any questions at all, we encourage you to email us at info@ualocal1funds.org or call us at 718-223-4313.

INSTRUCTIONS: 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.
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 www.ualocal1funds.org.

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over

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

- (a) **SUPPLEMENTAL UNEMPLOYMENT BENEFIT-**
Greater of \$300.00 or amount of Employees base pay per week less the amount of State unemployment benefits. (Must sign Section “C” on the front of this form).
- (b) **SUPPLEMENTAL WORKERS’ COMPENSATION BENEFIT-**
Greater of \$300.00 or amount of Employees base pay per week less the amount of State workers’ compensation benefits.
- (c) **SUPPLEMENTAL DISABILITY BENEFIT-**
Greater of \$300.00 or amount of Employees base pay per week less the amount of State disability benefits.
- (d) **SUPPLEMENTAL INCOME MAINTENANCE-**
Greater of \$300.00 or amount of Employees base pay per week, up to a maximum of \$1,500.00 per week. Payable to an Employee who is unemployed, underemployed, injured on the job or disabled and not eligible for Supplemental Unemployment, Workers’ Compensation or Disability (Must submit an affidavit with supporting documentation or sign Section “D” on the front of this form).
- (e) **EMERGENCY BENEFIT FOR DISASTER, FIRE or FLOOD-**
Trustee approval is required (Must submit proof of catastrophe).
- (f) **SEVERANCE BENEFIT-**
Eligible for this benefit after no contributions have been made for twenty-four (24) consecutive months.
- (g) **FUNERAL BENEFIT-**
Payable for the funeral/burial expenses of Employee or Dependents (Must submit proof of payment of funeral bills).
- (h) **DEATH BENEFIT-**
Payable upon the death of the Employee, the Beneficiary may elect to receive the Death Benefits in a single payment or in 84 monthly payments.
- (i) **N/A**
- (j) **SUPPLEMENTAL VACATION BENEFIT (all other) -**
The Benefit has a limit of \$18,000.00 per year; you may apply for benefits three times a year. Vacation Benefits not used in one year may be withdrawn in the following calendar year (see page 18 & 19 of the SPD for Tax Rules and Special Rule for Fixed Payment).
- (k) **SUPPLEMENTAL VACATION BENEFIT (fixed payment) -**
Option for Account A Only - Annual tax withholding tables can be used for Supplemental Vacation Benefits paid once a year during the last week in January only if you provide the Fund with a valid Form W-4. The Fund must receive an application for distribution no later than the third Tuesday in the month of January. Benefits are paid annually in the last week in the month of January. Check with your tax advisor to see how electing Supplemental Vacation Benefits (fixed payment) can affect you.
- (l) **LEGAL SERVICE BENEFIT-**
Payable for legal services for the Employee or Dependant (Must submit a copy of bill).
- (m) **EDUCATION/TRAINING BENEFIT-**
Payable for Education and Training for the Employee and or Dependents (Must submit a copy of bill).

Special Rule on Benefit Payments - Account C Only

Benefits under the new Account C are similar to the current benefits provided under Account A and/or B. However, as determined by the Bargaining Parties, Account C must maintain a minimum account balance of \$7,500 for BT Journeymen and \$3,750 for BT Apprentices, with skill level to be determined at time of benefit payment. This minimum account balance can be used as an “Emergency Relief Fund” for the following benefit payments under the terms of the Plan:

a	Supplemental Unemployment Benefit	b	Supplemental Workers’ Compensation
c	Supplemental Disability Benefit	d	Supplemental Income Maintenance
e	Emergency Benefit for Disaster, Fire or Flood	g	Funeral Benefit
l	Legal Service Benefit		

Individual amounts in excess of minimum balance can be used for the following benefit payments under the terms of the Plan:

f	Severance Benefit	h	Death Benefit
j	Supplemental Vacation Benefit	m	Education/Training Benefit

How Distributions will be made:

Distributions will be automatically made from **Account A** until balance is depleted, from **Account B** until balance is depleted, and from **Account C** thereafter unless otherwise specified.

Account A - The money in your Individual Account A is not considered taxable income until you actually receive it. When you receive the money in your Individual Account A as benefits, it must be reported as taxable income. All benefits are subject to withholdings (Except Funeral Benefits, Death Benefits and Supplemental Death Benefits). For more detailed information concerning taxes and withholdings please see page 19 of the SPD.

Account B & Account C - FICA, Federal, State or City taxes will **not** be paid when the benefits are distributed. The only tax the member and beneficiary must pay is on the interest accrued in the account annually.

Plumbers Local Union No.1

WELFARE FUND

50-02 5th Street, Long Island City, New York 11101

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

Date Received

Date Complete WF-4/20

FOR OFFICE USE ONLY

Direct Deposit Enrollment/Change Form

(A) Member Information

Use a ballpoint pen to complete form

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(1) Social Security Number	(2) Last				(3) First				(4) Init.
(5) Street				(6) City				(7) State	(8) Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(9) Date of Birth					(10) Phone Number				
(12) E-mail Address									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(11) New Authorization	(12) Changing Authorization	(13) Cancel Authorization	(14) Effective Date (MM/DD/YYYY)						

(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 – *Electronic Signatures 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 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.

(ORIGINAL 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 availability, direct deposit gets your funds to you 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 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 www.ualocal1funds.org.

CLAIM DATE