

IBEW LOCAL UNION NO. 269
SUPPLEMENTAL BENEFIT FUND

c/o I. E. Shaffer & Co.
PO Box 1028, West Trenton, NJ 08628
◆ 1-800-792-3666 ◆ 1-609-883-7580 (fax)

Application for Supplemental Unemployment Benefit (SUB)

Name of Applicant _____ Date of Birth _____

Social Security # _____

Street Address _____

City, State, Zip _____ Telephone (____) _____

Date registered on the IBEW Local 269 out of work list: _____

I am available for work, and intend to remain available for work, in covered employment within the jurisdiction of IBEW Local Union No. 269. I have not refused work in covered employment offered to me by IBEW Local Union No. 269. I certify that the above statements are true.

Attach a copy of your certification form from the State unemployment office or a copy of your State unemployment check for the week for which you are applying.

Applicants Signature: _____ Date: _____

To be completed by the IBEW Local 269 Hiring Hall:

Approved by: _____ Date: _____