

IBEW LOCAL UNION 697 SUB FUND

APPLICATION FOR SUB FUND BENEFITS

In accordance with the provisions of the IBEW Local Union 697 SUB FUND Trust Agreement, I hereby apply for SUB FUND benefits:

Social Security Number: _____

Name: _____

Street: _____ Phone Number: _____

City: _____ State _____ Zip Code _____

for the week ending _____. Payment of each week's benefit will require a copy of your state unemployment statement showing receipt of state benefits for that week. This application form must be completed once a calendar year.

Date: _____

Signature: _____

ALL APPLICABLE FEDERAL AND STATE TAXES APPLY TO ALL APPLICANTS

DO NOT WRITE BELOW THIS AREA

Date: _____

Approved Disapproved Reason _____

Total initial accrued credit _____ Initial check _____

in the net amount of _____ paid on _____.

Authorized signature

**Return completed form to:
7200 Mississippi Street, Suite 300, Merrillville, Indiana 46410
Phone: (219) 845-4433 or (219) 940-6181**