

**SECURITY BENEFIT FUND
APPLICATION FOR REPLACEMENT WAGES
BEREAVEMENT LEAVE BENEFIT**

- The applicant must complete and have this application notarized prior to submission.
- Eligible participants may receive reimbursement for up to ten (10) days of bereavement pay.
- For verification purposes, this application will not be processed until the Fund Office receives benefit remittance for the period Bereavement Leave Benefit is requested in order to confirm you did not work during the requested period.
- Bereavement Leave Benefit shall be limited to the death of a spouse, child, step or foster child, sibling, parent, parent-in-law, grandparent or grandparent-in-law.
- The benefit amount you receive will be equal to your base wage plus your vacation contribution rate for the period and shall not exceed eight hours straight time limited by the total amount of your account balance.
- If you wish to adjust your tax withholding, please complete forms W-4 (Employee's Withholding Certificate) and IT-2104 (New York State Employee's Withholding Certificate). Once the tax forms are received, we will use your updated withholding elections for all taxable disbursements from the Security Benefit Fund.
- This benefit is subject to all Federal, State, City and FICA taxes and will be reported on Form W-2 at year end.

Book Number: _____

Name: _____

_____ Home phone _____ Mobile _____ Email

Name of Deceased _____ Date of Death ____/____/____

Relationship to the Deceased _____ Requested Amount of Days _____

I certify that I have not received any other form of compensation during or for the period of lost wages covered by this benefit.

SIGNATURE _____ **DATE** _____

IMPORTANT - PLEASE READ & COMPLETE CAREFULLY

The application and the affidavit (below) must be completed, notarized and returned before any payments can be made for the Bereavement Leave Benefit.

**STEAMFITTERS' INDUSTRY SECURITY BENEFIT FUND
AFFIDAVIT FOR BEREAVEMENT LEAVE BENEFIT**

State of: _____

County of: _____

I, _____, being duly sworn and deposed, hereby affirm
(Print Name)
and represent to the Trustees of the Steamfitters' Industry Security Benefit Fund that:

I did not work from _____ to _____ due to bereavement. My last
(Date) (Date)
date of employment before Bereavement Leave was, _____
(Date)
with _____
(Employer Name)

This affidavit is being furnished to induce the Trustees to release me a replacement wage check for bereavement leave. The information is true and correct. If such information is found to be incorrect, any benefits received as a result of this Affidavit will be "reimbursed" by me, I will be subject to a suspension of benefits for six months and my account will be charged the appropriate administrative fee in accordance with the Fund's fraudulent claim policy.

Sworn to before me this _____ day
of _____, 20____
Month Year

Signature of Member

Signature of Notary