



***SECURITY BENEFIT FUND***  
**APPLICATION FOR REPLACEMENT WAGES**  
**TEMPORARY JOB SHUT-DOWN, INPATIENT SUBSTANCE ABUSE**  
**REHABILITATION & MILITARY SERVICE**

- All information on this application must be completed.
- The amount of supplemental unemployment benefits you will receive will be equal to your base wage plus your vacation wage contribution rate for the period, less the amount of any other compensation, limited by the total amount of your account balance.
- This benefit is subject to all Federal, State, City and FICA taxes and will be reported on Form W-2 at year end.
- 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 withholding elections for all taxable disbursements from the Security Benefit Fund.
- See the reverse side for the documentation needed.

Book Number: \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_ Home phone      \_\_\_\_\_ Mobile      \_\_\_\_\_ Email

Type of Benefit Requested (Check One):

- Temporary Job-Shutdown (please complete reverse side)
- Inpatient Substance Abuse Rehabilitation
- Military Service

**I certify that I have not received any other forms of compensation during or for the period of lost wages covered by this application, except as indicated.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_



## CLAIM DOCUMENTATION NEEDED

### TEMPORARY JOB-SHUTDOWN:

Name of Company: \_\_\_\_\_

Address of Job: \_\_\_\_\_

Date(s) of Job Shut-down: \_\_\_\_\_

Reason for Shut-down: \_\_\_\_\_

Local 638 Business Agent in area: \_\_\_\_\_

### INPATIENT SUBSTANCE ABUSE REHABILITATION:

- Attach copies of all EOB's, invoices and patient account ledgers which document your period of inpatient rehabilitation.
- The Fund Office will contact you if further documentation is required to process this claim.

### MILITARY SERVICE:

- Attach copies of all documents indicating your period of deployment (reserve or active) and wages received from the federal government.
- The Fund Office will contact you if further documentation is required to process this claim.