

# APPLICATION FOR SUB BENEFITS/DISABILITY

Electrical Workers Local No. 292 Sub Fund  
6900 Wedgwood Road N., Suite 425, Maple Grove, MN 55311  
Ph. (763) 493-8830 • (800) 368-9045

In accordance with the provisions of the Electricians' Income Security Trust Fund Agreement, I hereby apply for (SUB) Supplemental Unemployment Benefits

Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Street \_\_\_\_\_ Phone No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

1. Date employee first unable to work due to disability? \_\_\_\_\_

2. When will the employee be able to return to work? \_\_\_\_\_  
(give approximate date)

**20% Federal taxes & 5% State taxes apply to ALL APPLICANTS**

**PLEASE DO NOT WRITE BELOW THIS AREA**

Office Use Only

**ELECTRICAL WORKERS LOCAL NO. 292 SUB FUND / DISABILITY**

Begin Date \_\_\_\_\_

End Date \_\_\_\_\_

GREEN - MAIL TO: ELECTRICAL WORKERS 292 FRINGE BENEFIT PLANS  
6900 WEDGWOOD ROAD N., SUITE 425  
MAPLE GROVE, MN 55311

YELLOW: EMPLOYEES COPY



\_\_\_\_\_  
(Authorized Signature)