

NECA-IBEW Local 364 Supplemental Unemployment & Disability Benefit Plan Claim
Form

6820 Mill Road, Rockford, IL 61108

Telephone 815-398-6282

Facsimile 815-398-1203

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Social Security # _____ Card # _____

Classification _____ Original Sign Date _____ With Local# _____

A maximum of \$300.00 may be withdrawn per week you are eligible.

Please indicate the **TOTAL AMOUNT** you would like the check

to be **written** for. \$ _____

Is this claim based on Unemployment? Yes or No (need Proof of Unemployment)

Is this claim based on a Disability? Yes or No (need Proof of Disability)

Date _____ Signature _____ **

****PLEASE SIGN, IF NO SIGNATURE NO PAYMENT WILL BE MADE**

Business Manager's Signature _____

Alan R. Golden, Business Manager

Office Info: Check Number # _____

Date Paid _____ Amount of check \$ _____

____ Check picked up by member (Member Sign) _____

____ Check mailed out – Date mailed _____