

NECA-IBEW LOCAL NO. 364 FRINGE BENEFIT FUNDS

NECA-IBEW LOCAL NO. 364 Health & Welfare Fund
NECA-IBEW LOCAL NO. 364 Defined Contribution Pension Plan
NECA-IBEW LOCAL NO. 364 Vacation Fund
NECA-IBEW LOCAL NO. 364 Supplemental Unemployment Benefit Plan

Managed for the Trustees by:
TIC MIDWEST

NECA-IBEW LOCAL NO 364 SUPPLEMENTAL UNEMPLOYMENT BENEFIT PLAN **REQUEST FOR PAYOUT FOR INACTIVE ACCOUNT**

(A) NAME - PLEASE PRINT _____

ADDRESS _____

CITY, STATE & ZIP CODE _____

SOCIAL SECURITY NUMBER _____

PHONE NUMBER _____

HOME LOCAL _____

(B) DATE OF ACTUAL LAST DAY OF WORK _____

(C) I Certify that my Supplemental Unemployment Benefit account has been inactive to which no Employer Contributions have been made for a period of six (6) months and from which no benefit payments have been made for a period of six (6) months.

(Participant Signature)

(Date)

Alan R. Golden, Business Manager



**PICK UP
CHECK**



**MAIL
CHECK**

**Please return the completed claim form to the
following address:**

Local Union 364, IBEW
6820 Mill Road
Rockford, IL 61108

**If you have any questions please
contact Robin at (815)398-6282 x229**

**Office
Information**

Eligible Amount \$ _____

Check Number: _____

Date Written: _____

Amount \$ _____

Date Mailed: _____