

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 INTERNATIONAL CORPORATION

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 No. _____

Home Local) _____ Phone No. _____

(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

Please return claim form to the following address:

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

Any questions please contact 815-398-6282 and ask for Robin.

OFFICE: Eligible Amount \$ _____ Check # _____

Date Written _____ Amount \$ _____ Date Mailed _____