

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

6820 Mill Road, Rockford, IL 61108 - Telephone (815)398-6282 - Fax (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**A maximum of \$300.00 may be withdrawn per week you are eligible.**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 write 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\*\***

**PICK UP CHECK**

**MAIL CHECK**

Business Manager's Signature \_\_\_\_\_

Alan R. Golden, Business Manager

**OFFICE INFORMATION:**

Check Number: \_\_\_\_\_

Date Paid \_\_\_\_\_ Amount of check \$ \_\_\_\_\_ Date Check mailed \_\_\_\_\_

DISABILITY

WORKERS COMP \_\_\_\_\_