

COVID-19

ERP BENEFIT PACKET

- ❖ Must apply weekly
- ❖ Must provide banking info to Funds Office
- ❖ Options to apply and submit on time:
 - Submit paper application and place in blue box located outside office
 - Submit application by fax to 419-666-5410
 - Submit application by email to benefits@electricalfunds.org
 - Apply online at www.electricalfunds.org

Members who have contributed to the ERP plan and has a positive earned ERP credit balance that their employment status has been affected by COVID-19

ATTENTION: Applications must be received by Monday, close-of-business day, for the prior benefit week.

****PAID BY DIRECT DEPOSIT ONLY**** You must submit Deposit Enrollment Form with proper documentation to the Funds Office

APPLICATION FOR SUPPLEMENTAL UNEMPLOYMENT BENEFITS
TOLEDO ELECTRICAL WELFARE FUND EMPLOYEE RETENTION PROGRAM
P.O. Box 60408, Rossford, OH 43460 - Fax (419) 666-5410

Name-Please Print _____

Last four of SSN _____

Address _____ City _____ State _____ Zip Code _____

Telephone Number _____

Name of Last Contributing Employer within Local 8 Jurisdiction _____

Date of Termination of Employment _____

I hereby make application for Supplemental Unemployment Benefits under the provisions of the Employee Retention Program ("ERP") of the Toledo Electrical Welfare Fund and the rules and regulations governing the administration thereof.

I understand and agree that ERP benefits are taxable income, that the benefits will have taxes deducted from them, and that I will receive a W-2 showing these benefits for tax purposes.

I hereby certify that:

- 1. I am eligible for State unemployment benefits ("State Benefits") from the State of (mark one):
 Ohio Michigan Other _____

OR I am NOT eligible for State Benefits because (mark one):

- I have used all State Benefits to which I was entitled
- I am not entitled to State Benefits because my employer was not required to contribute to a State unemployment system on my behalf.
- I was not sufficiently employed to be entitled to State Benefits.
- I have received other compensation that has disqualified me from receiving State Benefits.
- Other _____

- 2. I have registered on the I.B.E.W. Local No. 8 referral list and am in good standing to be referred for employment; and,
- 3. I have not refused three (3) consecutive referrals to work from the I.B.E.W. Local No. 8 referral list; and,
- 4. I am not working outside of IBEW Local No. 8's geographic area (jurisdiction) as a journeyman or apprentice in the electrical industry; and
- 5. (a) I was not terminated for cause; (b) I am not working for an employer who is not a signatory to the Collective Bargaining Agreement; (c) I have not received any payment from the Local No. 8 I.B.E.W. Retirement Plan as a result of separation of service or retirement; and (d) I am not receiving disability benefits from the Social Security Administration.

I certify that I am not working in the electrical industry outside the Geographic Area of IBEW Local No. 8 and to the best of my knowledge; I am eligible for ERP benefit for the week-ending _____ (Date is always on a Sunday)
(Always a Sunday Date)

Under penalties of perjury, I declare that I have examined the above information and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's Signature _____

Date _____

FOR OFFICE USE ONLY:

Book -	Disability -	Waiting Week -
OTB -	Tax/Child Sup -	Other -
Credits -	Payable -	

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Health and Welfare Direct Deposit Enrollment Form

To enroll in Direct Deposit, simply fill out this form in its entirety and submit to the Funds Office. Attach a blank voided check with this form – not a deposit slip. **If you do not have checks or are depositing to a savings account, you have options. Ask your bank to print out the routing/transit number, account number with your name showing you have an open account on bank letterhead. This is NOT an uncommon request of a financial institution and will help ensure that you are paid correctly.**

WE WILL NOT PROCESS this form without written documentation of your account number and bank routing number from your bank OR a blank VOIDED check.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.

Memo _____

| 012345678 | 123456789 | 0101

Routing / Transit #
(A 9-digit number always between these two marks)

Checking Account #

Check #
(this number matches the number in the upper right corner of the check—not needed for

IMPORTANT! Please read and sign before completing form in its entirety and submitting.

I hereby authorize the Toledo Electrical Welfare Fund Office (hereinafter, the “Fund”) to deposit any amounts owed to me there under by initiating credit entries to my account at the financial institution (hereinafter “Bank”) indicated on this Form. Further, I authorize Bank to accept and to credit any credit entries indicated by the Fund to my account. In the event the Fund deposits monies erroneously into my account, I authorize the Fund to debit my account to correct any such error.

This authorization is to remain in full force and effect until the Fund and Bank have received written notice from me of its termination in such time and in such manner as to afford the Fund and Bank reasonable opportunity to act on it.

Participant Name: _____ Last four of Social Security #: _____
(Please Print)

Participant Signature: _____ Date: ____ / ____ / ____

Account Information: Will be used for: VEBA / SFBF ERP DISABILITY

Bank Name/City/State: _____

Routing Transit #: _____ Account Number: _____

Account Type (Check Only One): Checking Savings

For Fund Use Only:
Date Entered into ISSI:
____ / ____ / ____
Employee Initials: _____

TEWF, P.O. BOX 60408, ROSSFORD, OH 43460
419.666.4450 PHONE 419.666.5410 FAX
benefits@electricalfunds.org