ATTENTION: Applications must be **received before 8:00 AM (Local Time) on Tuesday**, for the prior benefit week.

Benefit paid by Direct Deposit Only

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

Name-Please Print _____ Last four of SSN or UID _____

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, November 8, 2026. (Date is always on a Sunday)

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 -	