



APPLICATION FOR SUPPLEMENTAL UNEMPLOYMENT BENEFITS
SHEET METAL WORKERS LOCAL UNION #19 SUB FUND
1301 S. COLUMBUS BOULEVARD, PHILADELPHIA PA19147

* You may also fill the application out on line @www.smwlu19.org

(PLEASE PRINT) NAME _____ Last Four digits of SS# XXX-XX-

PHONE # _____ E-Mail address _____

LAST DAY WORKED _____ NAME ON OUT OF WORK LIST- YES NO

- CODE A – Receiving State Unemployment Compensation** or (in the application process).
- CODE B- Exhausted all State Unemployment Compensation or Not Eligible for a Claim.**
**(Name must be on the priority list and you must provide the Notice Of Exhaustion that the State provides).
- CODE C- Disable/Receiving Accident and Sickness Benefits** (or in the application process).
- CODE D- Disabled/Receiving Workmen’s Comp. Benefits** (or in the application process).
- CODE E- Architectural/Inclement Weather**
Worked 24 hours or less for week claimed.
Steward and B.A. must verify the company’s status.
Must Remit Pay Stub for each week claimed.
- CODE F- Company/Lack of Work**
Worked 16 hours or less for week claimed.
Steward and B.A must verify company’s status.
Must remit pay stub for each week claimed.

If CODE B or CODE F is checked please explain:

Members Signature _____ Date _____

Steward’s Signature _____ Date _____