

**WITHDRAWAL APPLICATION
IBEW LOCAL #294
SUPPLEMENTAL UNEMPLOYMENT FUND**

I AM ELECTING TO WITHDRAW FROM MY IBEW LOCAL #294
SUPPLEMENTAL UNEMPLOYMENT FUND.

DATE _____

PHONE # _____

NAME _____

SS# _____

ADDRESS _____

CITY, STATE, ZIP _____

DATE OF UNEMPLOYMENT _____

IF YOU ARE NOT ACTIVELY SEEKING AND ABLE TO WORK OR YOU ARE CURRENTLY RECEIVING DISABILITY BENEFITS, YOU ARE NOT ELIGIBLE FOR STATE UNEMPLOYMENT BENEFITS OR FOR SUPPLEMENTAL UNEMPLOYMENT BENEFITS.

YOU MUST HAVE HAD \$750.00 IN EMPLOYER CONTRIBUTIONS MADE TO YOUR INDIVIDUAL ACCOUNT BEFORE YOU MAY RECEIVE A SUPPLEMENTAL UNEMPLOYMENT BENEFIT

THE SUB BENEFIT IS \$250.00 FOR EACH WEEK THAT YOU ARE ELIGIBLE FOR A STATE UNEMPLOYMENT BENEFIT. FOR EACH WEEK THAT YOU USE THIS BENEFIT YOUR ACCOUNT WILL BE REDUCED BY \$250.00.

AS REQUIRED BY LAW, ALL APPLICABLE STATE AND FEDERAL TAXES WILL BE WITHHELD FROM THIS BENEFIT. COMPLETE TA W4 FORM FOR TAX WITHHOLDING (W4 can be found at: <https://www.irs.gov/pub/irs-pdf/fw4.pdf>).

(For your request to be processed, you must include a copy of your Address Verification screen and Determination and Issue Summary screen. This information can be printed from the MN Unemployment Website.)

SIGNATURE _____

DATE _____