

**Local Union 1556
Membership Relief Plan
APPLICATION FOR BENEFITS**

Member Information:

First Name _____

Last Name _____

UBC Number: _____

Date of Birth: _____

Eligibility:

YES

1. Member of Local 1556 for entire Three (3) year period immediately preceding request for benefits?

2. Current with respect to payment of all dues, assessments and working dues assessments?

3. Currently eligible to receive unemployment benefits in the state of New York and/or New Jersey?

Employment Information:

- When was your last day worked? _____

- List your most recent employers (last 18 months)

- What was the reason you are no longer working for your most recent employer?

I certify that the above information I have provided is true, complete and correct to the best of my knowledge and belief.

Signature

Date