

## **UNEMPLOYMENT HOURS CREDIT INSTRUCTIONS**

1. Complete the “TO BE COMPLETED BY MEMBER” section of the Unemployment Form
2. Get a copy of your unemployment payment history from the Unemployment office or their website
3. Submit the form and hours to the BENEFIT FUNDS OFFICE in Hawthorne (not the union hall) address is on the form
4. All other sections of the form will be completed by the office

**\*\*\*\*\*PLEASE NOTE\*\*\*\*\***

**YOU ARE NOT ELIGIBLE FOR THIS COMPENSATION  
IF YOU HAVE NOT BEEN ON THE OUT OF WORK  
LIST OR IN SCHOOL.**

# EMPIRE STATE CARPENTERS FRINGE BENEFIT FUNDS



**Long Island Office**  
270 Motor Pkwy, Suite 2  
Hauppauge, NY 11788-5150  
Tel: (631) 952-9700  
Fax: (631)-952-9813

**South Central Office**  
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Horseheads, NY 14845  
Tel: (607) 739-1326  
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14 Saw Mill River Road, Suite 1  
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**Buffalo Office**  
1159 Maryvale Drive., Suite 20  
Cheektowaga, NY 14225  
Tel: (716) 839-7132  
Fax: (716) 839-7136

## UNEMPLOYMENT FORM

\*\*\*\*PLEASE COMPLETE THE FOLLOWING AND RETURN TO ANY FUND OFFICE\*\*\*\*

Under the Empire State Carpenter' Welfare Fund, a participant who receives state unemployment benefits, during a period of eligibility for benefits under the plan, can be credited with hours of covered employment at the rate of seven (7) hours per work day (Monday through Friday) for each day the participant received unemployment benefits. Such credit will be given for no more than 130 workdays for any one calendar year.

According to rules and regulations of the Welfare Plan, in order for you to receive credit for unemployment hours, you must be registered on the out of work list at the Empire State Carpenters and be available to work when contacted. You must also provide proof of your unemployment status (computer print out).

### TO BE COMPLETED BY MEMBER

I have been registered on the out of work list at the Empire State Carpenters, and I have received employment benefits from the New York State Unemployment from the time period:

Starting date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Local: \_\_\_\_\_

Please indicate: I was actively seeking employment \_\_\_\_\_ I was in the Apprentice Training Program \_\_\_\_\_

Signature \_\_\_\_\_ Social Security Number \_\_\_\_\_

Email Address (optional) \_\_\_\_\_ Date \_\_\_\_\_

### TO BE COMPLETED BY LOCAL- CIRCLE WAS OR WAS NOT BELOW

\_\_\_\_\_ WAS / WAS NOT registered with your Local's out of work list and actively seeking employment for the time period stated above. Below are the dates that he was signed to the out of work list during the period in question.

| <u>START DATE</u> | <u>STOP DATE</u> | <u>START DATE</u> | <u>STOP DATE</u> |
|-------------------|------------------|-------------------|------------------|
| _____             | _____            | _____             | _____            |
| _____             | _____            | _____             | _____            |
| _____             | _____            | _____             | _____            |

Signature of Dispatcher/Business Representative \_\_\_\_\_ Date \_\_\_\_\_

### TO BE COMPLETED BY APPRENTICE SCHOOL

Circle here if Member is NOT in attendance

Please find the dates below that this member was in attendance at the Apprenticeship training program:

| <u>START DATE</u> | <u>STOP DATE</u> | <u>START DATE</u> | <u>STOP DATE</u> |
|-------------------|------------------|-------------------|------------------|
| _____             | _____            | _____             | _____            |
| _____             | _____            | _____             | _____            |

Signature of Apprentice Representative \_\_\_\_\_ Date \_\_\_\_\_