

BRICKLAYERS LOCAL NO. 8 WELFARE FUND (the "Fund")

APPLICATION FOR PTO/VACATION BENEFITS

Return completed form and MOST RECENT PAYSTUB to: Bricklayers Local No. 8 Welfare Fund, 701 West State Street, Ithaca, NY 14850. Important Note on Timing: Your completed application must be received by the Fund Office within 60 days after the end of the month of the absence for which you are seeking benefits. If it is not received by that date, your claim will be denied as untimely.

PARTICIPANT INFORMATION

Name: _____

Social Security Number: _____

Address: _____

City: _____ State: _____ Phone No. _____

Trade: _____ Apprentice Level at time of leave: _____

Number of full and/or half days requested: _____

Date(s) absent from work (for each date, indicate whether a full or half sick day is being applied for):

PARTICIPANT CERTIFICATION

I certify that I did not work for a Contributing Employer on all or a portion of dates indicated above, nor did I receive wages for those dates. In addition, I am not receiving or entitled to receive unemployment benefits for a time period which includes any of such dates. Under penalties of perjury, I certify that the information contained in this form is true and correct to the best of my knowledge.

_____ Date

_____ Signature

Penalty for Fraudulent or Incorrect Information

If the Fund pays PTO benefits that are in excess of what you are entitled to due to error (including for example, a clerical error), fraud, or for any other reason, the Fund reserves the right to recover such overpayment through whatever means are necessary, including, without limitation, deduction of the excess amounts from future claims and/or legal action. See the SPD for further information

