

**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**

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Trade: \_\_\_\_\_ Apprenticeship Level: \_\_\_\_\_ Base Wage: \_\_\_\_\_

Total number of hours requested (in 4 or 8 hour increments): \_\_\_\_\_

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

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**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*

