



North Atlantic States Carpenters
Benefit Funds

Buffalo Office
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www.carpentersfund.org

WAGE REPLACEMENT ACCOUNT – TIME LOSS APPRENTICESHIP CLASS

(Please complete below, sign at the bottom and return to the Buffalo office)

SIGNATURE REQUIRED!

Member's Name _____

SSN (Last Four Digits) _____

Local Number _____

Address _____

City, State, Zip _____

Telephone Number _____

THIS SPECIFIC APPLICATION APPLIES TO THE APPRENTICES THAT ARE IN CLASS ONLY

- YOU MUST NOT BE RECEIVING UNEMPLOYMENT INSURANCE OF ANY KIND
- YOU MUST BE IN CLASS FOR THE DURATION OF THE SCHEDULED CLASS PERIOD

I was attending class in _____ training center.

TIME LOSS BENEFIT (Subject to Federal, State, FICA, Medicare taxes and an Administration Fee)

Insert number of weeks requested at \$1515.15(Gross)/\$1000.00(Net)

LIST WEEK ENDING DATES: _____

Insert number of weeks requested at \$1000.000(Gross)/\$660.00(Net)

LIST WEEK ENDING DATES: _____

FOR OFFICE USE ONLY: Confirmation of class attendance received?

Y / N

*****OVER PAYMENT WARNING***** Any person who has been proved to be claiming Time Loss Benefits while also collecting State Unemployment Insurance, Workers' Compensation, or State Disability or has been working, will be subject to the Funds' overpayment policy. You will not receive any benefits (with the exception of Child Care Reimbursements) until this overpayment is repaid.

By signing this application, I certify that I am in the Apprenticeship Training class the ENTIRE week I am claiming for. I also certify that I am NOT receiving Unemployment Insurance Compensation.

MEMBER'S SIGNATURE _____ DATE _____

With properly submitted paperwork, your claim will be processed within 30 days