NCF
NORTHEAST CARPENTERS FUNDS

(607) 739-1326 • 1-866-727-0281 • www.nrccf.org
181 Industrial Park Road, Horseheads, NY 14845
FAX: (607) 739-1415

WAGE REPLACEMENT ACCOUNT – TIME LOSS APPLICATION
(Please complete below, sign at the bottom and return to the Horseheads office)
SIGNATURE REQUIRED!

_____ _____ _____
Member's Name SSN (Last Four Digits) Local Number

_____ _____
Address City, State, Zip Telephone Number

READ THE FOLLOWING BEFORE APPLYING FOR THE TIME LOSS BENEFIT -

YOU ARE ELIGIBLE FOR THE TIME LOSS BENEFIT **ONLY** IF THE FOLLOWING APPLIES:

- You are ineligible for State Unemployment, Worker's Compensation or State Disability.
- You are out of work the entire week you are claiming Monday-Friday.
- You are registered on the Union's Out-of-Work List (Mix 20/20) the entire week you are claiming Monday-Friday.
- You must be available for covered employment – vacations and any other elective time off are not eligible.

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

YOU MUST ACCOMPANY THIS APPLICATION WITH PROOF, SATISFACTORY TO THE FUND, THAT YOU ARE INELIGIBLE FOR STATE UNEMPLOYMENT, WORKERS' COMPENSATION, OR STATE DISABILITY. (An example of acceptable proof is a denial letter from the Dept. of Labor or Disability/Worker's Compensation Insurance carrier, or a print-out from the Dept. of Labor website showing your unemployment benefits have been exhausted or forfeited.)

☐ 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: _____

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.

(I CERTIFY THAT I AM UNEMPLOYED AND AM NOT RECEIVING UNEMPLOYMENT BENEFITS, WORKERS' COMPENSATION OR DISABILITY. I FURTHER CERTIFY THAT I AM AVAILABLE FOR COVERED EMPLOYMENT AND ON THE UNION'S OUT-OF-WORK LIST FOR THE FULL WEEK(S) I AM CLAIMING --- MONDAY - FRIDAY)

MEMBER'S SIGNATURE_____ DATE_____

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