NORTHEAST CARPENTERS FUNDS

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

APPLICATION FOR WAGE REPLACEMENT ACCOUNT WITHDRAWAL
(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

_____CHILD CARE EXPENSES (Benefit maximum of $5,000.00 per calendar year)

Claims for dependent care reimbursement must be accompanied by a paid receipt listing dates your dependents were cared for, the name of the provider and the provider's tax identification number, Social Security number or facility license number. **Day Care is <u>NOT A TAXABLE</u> benefit.** Future services cannot be reimbursed.

_____STATE UNEMPLOYMENT (Subject to applicable taxes) (Submit <u>ENTIRE</u> Unemployment Payment History)

(PAYMENT HISTORY MUST SHOW PAYMENTS MADE BY UNEMPLOYMENT AND PROOF THAT THE UNEMPLOYMENT CLAIM BELONGS TO THE MEMBER I.E. NAME AND SSN ON PAYMENT HISTORY. <u>FORFEITED WEEKS ARE NOT PAYABLE THROUGH THE STATE UNEMPLOYMENT BENEFIT</u>.**)**

☐ Insert number of weeks requested at $635.21(Gross)/$525.00(Net)

☐ Insert number of weeks requested at $525.00(Gross)/$433.91(Net)

☐ THIRD WEEK (MUST BE CONSECUTIVE) 25% of account balance, not to exceed $3,000 per quarter

_____STATE DISABILITY (Subject to applicable taxes) (Submit Disability pay stub)

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

☐ Insert number of weeks requested at $1000.00(Gross)/$660.00(Net)

_____WORKERS' COMPENSATION (Subject to applicable taxes) (Submit Workers' Comp. pay stub)

☐ Insert number of weeks requested at $909.09(Gross)/$600.00(Net)

☐ Insert number of weeks requested at $600.00(Gross)/$396.00(Net)

- If you are out of work a full week and are not eligible for the State unemployment, Workers' Compensation or State Disability and are applying for the Time Loss Benefit, please request the **<u>separate Time Loss application</u>** from the Fund Office. Effective July 1st, 2017 you will be required to provide proof that you are ineligible for these separate benefits in order to claim the Time Loss Benefit**. <u>Taking vacations or other elective time off of work is ineligible</u>**.

- ***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 from the Wage Replacement Account (with the exception of Child Care Reimbursements) until this overpayment is repaid.

MEMBER'S SIGNATURE_____ DATE_____

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