

**Local Union 392 Plumbers, Pipefitters Mechanical Equipment Service
Universal Registration and Supplemental Unemployment Form**

Union Hiring Hall Registration for Application

Full Name:	Social Security # (last 4 only):	
Address:	Home Local #	
Phone Number:	Date of Birth (mm/dd/yyyy):	
Email:		
Name of Last Employer	Employment Termination Date:	
Please check the appropriate box: <input type="checkbox"/> Plumber <input type="checkbox"/> Pipefitter <input type="checkbox"/> Mechanical Equipment Serviceman		
Please check the appropriate box, the state you file unemployment: <input type="checkbox"/> Ohio <input type="checkbox"/> Kentucky <input type="checkbox"/> Indiana		
Signature:		Date (mm/dd/yyyy):

Employee Certification and Application for Supplemental Unemployment Benefit Fund

As an applicant for SUB benefits, I hereby certify the following information to the SUB Trustees in order to determine my eligibility for SUB benefits:

Full Name:	Social Security # (last 4 only):
Address:	
Phone Number:	Date of Birth (mm/dd/yyyy):
Email:	
Name of Last Employer	Employment Termination Date:

I hereby agree that if any amounts are paid to me in error, I shall return the amount of the overpayment to the Fund immediately.

I understand that if I make any false statement or material misrepresentation or omission in connection with this application for SUB benefits, the Trustees are authorized, pursuant to Sections 2.05(F) and 10.02(A) of the SPD booklet, to cancel part or all of my accumulated credits and require repayment of any benefits paid to me in error.

I further understand that my failure to repay the amount owed shall disqualify me from receiving any further or future benefits (including Supplemental Accident & Sickness Benefits) until such repayment is completed and that I may be required, pursuant to Section 10.02(A) of the SPD booklet, to pay interest, legal fees and courts costs involved in any action to recover any benefits paid to me in error.

Signature:	Date (mm/dd/yyyy):
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