

Supplemental Unemployment Benefits

International Union of Operating Engineers

Local Union 478

2021 - 2022 Supplemental Unemployment Benefits (SUB) Registration Form

In the event any piece of information you have provided on this SUB Registration Form changes, please contact the SUB Office immediately. You are required to fill out this SUB Registration Form each year in order to be eligible for SUB. ***PLEASE NOTE: When/If you are laid off from a job and when/if you start a job - you must contact the Union Referral Office by either phone, in writing, by fax or by email, to update your work history or any SUB payment due to you will be delayed. This SUB Registration Form is not valid unless signed and dated at the bottom.**

You can also complete this annual SUB Registration Form on-line by logging on to local478.org

SUB Email: Subfund@local478.org SUB Phone: 203-288-9261 (Ext 225) SUB Fax: 203-287-8408 Referral Office Phone: 203-288-9261 (Ext 241 or 242)

Please Print Clearly

Name: _____

Full Mailing Address (include town, state and zip code): _____

Home Phone number: _____ Cell phone number: _____

Member ID#/International Registration#: _____ Last 4 Digits of Your Social Security Number: _____

Email Address: _____

You are required to complete a federal tax withholding form (W-4) and a Connecticut tax withholding form (CT W-4) if you are new to SUB, or you would like to change your tax withholdings. These forms are available online at <https://www.irs.gov/pub/irs-pdf/fw4.pdf> and https://portal.ct.gov/-/media/DRS/Forms/2021/WTH/CT-W4_1220.pdf. Copies are also available in the SUB section of the local 478 website at local478.org. The amount withheld is based on your filing status, i.e., single or married and the number of allowances you claim. You can also request that an additional amount be withheld for taxes or choose to have no taxes withheld (note that tax penalties may apply to you if the payment of estimated tax and withholding, if any, are not adequate). The withholding amount based on the \$155 benefit is \$7.90 for Federal if claiming Single/0 & \$4.89 for the State of CT if claiming letter D. Please be advised that the SUB Office cannot render tax advice, and this should not be considered as such. You should consult a qualified tax professional regarding any tax and/or income tax withholding questions you may have.

_____ Check here if you DO NOT want to make changes to last year's Federal or State Tax Withholding election.

_____ Check here if you WANT to make a change to last year's Federal Tax Withholding election. We will send you a new W-4.

_____ Check here if you WANT to make a change to last year's State Tax Withholding election. We will send you a new CT-W4.

ACKNOWLEDGEMENT

To receive SUB, I understand that I must meet all the applicable eligibility rules as stated in the Plan document and Summary Plan Description. I hereby certify that in connection with any current or future loss of employment I did not voluntarily quit and/or was not discharged for cause, and I will inform the SUB Office immediately if that is not the case. By signing this SUB Registration Form, I acknowledge that the information provided on this form is accurate and, will be utilized for the purpose of determining my eligibility for SUB. I also acknowledge that if there is any incorrect information on this form which causes me to receive any improper SUB payments (whether by error, fraud, misrepresentation or any other manner), I will be required to reimburse the Fund which issues those payments (which is the Health Benefits Fund) for all amounts paid, including interest, attorney's fees and all other costs of collection. In addition, I acknowledge that any SUB which would otherwise be paid from the Fund on my behalf may be withheld and applied against such reimbursement obligations. Finally, I acknowledge that I am signing this form under penalties of making a false statement. I fully realize that if any statement is false, I am subject to being brought up on charges and fined.

Signature

Date

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