

# ITPE ANNUAL BENEFIT FUND

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Cranford, NJ 07016  
Phone # 908-276-0800  
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## BENEFIT APPLICATION

EMPLOYEE USE	PLAN USE ONLY
Is this a termination claim? YES <input type="checkbox"/> NO <input type="checkbox"/>	Installation #
Date of termination _____/_____/_____ month day year	Contract # Employer #

### EMPLOYEE

I make application for the following benefits:

- ALL SICK PAY DUE ME
- BEREAVEMENT LEAVE (ATTACH PROOF)
- JURY DUTY (ATTACH PROOF)
- VACATION
  - Pay all vacation due me
  - Pay \_\_\_\_\_ weeks of the vacation due me
- TRAINING PAY DUE ME

Date of Hire \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Month) (Day) (Year)

Date of Training \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Number of Hours \_\_\_\_\_

Training Authorized By \_\_\_\_\_

I am employed at \_\_\_\_\_

Rate of Pay Per Hour \_\_\_\_\_

BY \_\_\_\_\_

I claim \_\_\_\_\_ dependents on a W-4 on file with my employer

Married  Single

Name (Please Print) \_\_\_\_\_  
(Last Name) (First Name) (MI)

Social Security Number \_\_\_\_\_  
(000) (00) (0000)

Street Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ - \_\_\_\_\_  
(area code)

City, State, & Zip Code \_\_\_\_\_  
(City) (State) (Zip Code)

I certify that the above information is correct. \_\_\_\_\_  
(Date) (Signature)

Please notify the ITPE Annual Benefit Fund of Address Change "IN WRITING"

### EMPLOYER

I have reviewed this application, specifically, the portions concerning training, anniversary date, number of dependents claimed, job classification and the rate of pay per hour and find them to be correct to the best of my knowledge.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

# INSTRUCTIONS FOR PAYMENT OF BENEFITS UNDER THE ITPE ANNUAL BENEFIT PLAN

**An application must be made by the participant requesting benefits from the ITPE Annual Benefit Plan. If the benefit application is not filled in properly, the application will be returned and the payment of the benefit will be delayed.**

The way to file a claim is as follows:

1. Get a benefit application from your employer or shop steward.
2. The benefits you wish to be paid for should be marked with an "X" in the box provided.

**If you are making an application for vacation pay, your anniversary date must appear. If you are claiming vacation pay, you may request payment of all the vacation due you. If you do not indicate how much vacation you wish to take, all of it will be paid to you.**

**Holiday Pay will be paid after your first application is received.**

**If you claim sick pay or training pay, the total amount of the benefit that you have earned in these categories will be paid to you.**

3. Fill in where you are employed, who is your employer, state the number of dependents you claim for federal income tax purposes in the space provided, your current rate of pay per hour, and **PRINT** your last name, first name, and middle initial. Enter your social security number in the space provided.
4. **PRINT** your address. The benefit payment will be mailed directly to you. If you move, you must notify the Benefit Fund of any change in writing.
5. Date and sign the application.
6. If this is a final claim because you have left employment with your employer, use the space provided for this type of claim. All benefits due you will be paid if it is a termination claim.
7. Bring the completed application to your employer. He will review it, date and sign it. After receiving it back from your employer you must forward it to the Plan Office.