



**SECURITY BENEFIT FUND**  
**APPLICATION FOR REPLACEMENT WAGES**  
**TEMPORARY JOB SHUT-DOWN, INPATIENT SUBSTANCE ABUSE**  
**REHABILITATION & MILITARY SERVICE**

- All information on this application must be completed.
- You will be reimbursed according to the stipulated contract agreement.
- Checks will be mailed to the address the Fund Office has on file for you or will be direct deposited to the bank account you have provided.
- Please take advantage of Direct Deposit so you can receive your benefit check electronically. You can download a form on steamfitters.com under the forms section or call our office to have one mailed, 212.465.8888
- If you wish to change your address please call the Fund Office for the necessary *Change of Address* form or do it on-line.
- This benefit is subject to all withholding and FICA taxes
- See reverse side for documentation needed.

Book Number: \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_ Home phone

\_\_\_\_\_ Cell phone

\_\_\_\_\_ Email

Single  or Married  or Married, but withhold at higher single rate

Number of allowances you are claiming: \_\_\_\_\_

Type of Benefit Requested (Check One):

- Temporary Job-Shutdown (please complete reverse side)
- Inpatient Substance Abuse Rehabilitation
- Military Service

I certify that I have not received any other forms of compensation during or for the period of lost wages covered by this application, except as indicated.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# CLAIM DOCUMENTATION NEEDED

## TEMPORARY JOB-SHUTDOWN:

Name of Company: \_\_\_\_\_

Address of Job: \_\_\_\_\_

Date(s) of Job Shut-down: \_\_\_\_\_

Reason for Shut-down: \_\_\_\_\_

Job's Local 638 Business Agent: \_\_\_\_\_

## INPATIENT SUBSTANCE ABUSE REHABILITATION:

- Attach copies of all EOB's, invoices and patient account ledgers which document your period of inpatient rehabilitation.
- The Fund Office will contact you if further documentation is required to process this claim.

## MILITARY SERVICE:

- Attach copies of all documents indicating your period of deployment (reserve or active) and wages received from the federal government.
- The Fund Office will contact you if further documentation is required to process this claim.