Construction & Metal Trades Divisions

The Steamfitters' Industry Fund Office

27-08 40th Avenue, 2nd Floor
Long Island City, NY 11101-3725
(212) 465-8888
www.steamfitters.com
FundOffice@steamny.com

SECURITY BENEFIT FUND
APPLICATION FOR REPLACEMENT WAGES
HOLIDAY BENEFIT

- All information on this application must be completed.
- The Holiday Benefit is a one-time payment for unpaid collectively bargained holidays from the prior year. You may be paid if no employer has already paid you any compensation for the collectively bargained holidays.
- You must prove you worked at least two days before or after the holiday to be eligible for this benefit. This application must be accompanied by the paystub(s) representing the week(s) in which the holiday you are seeking payment falls.
- The benefit amount you receive will be equal to your base wage plus your vacation contribution rate for the period, limited by the total amount of your account balance.
- This benefit is subject to all Federal, State, City and FICA taxes and will be reported on Form W-2 at year end. If you wish to adjust your tax withholding, please complete forms W-4 (Employee's Withholding Certificate) and IT-2104 (New York State Employee's Withholding Certificate). Once the tax forms are received, we will use your withholding elections for all taxable disbursements from the Security Benefit Fund.

Holidays to be paid (Check All That Apply):

☐ New Year's Day ☐ MLK Day ☐ Presidents Day ☐ Memorial Day

☐ Juneteenth ☐ Fourth of July ☐ Labor Day ☐ Columbus Day

☐ Veterans Day ☐ Thanksgiving Day ☐ Thanksgiving Friday ☐ Christmas Day

☐ All holidays listed here

Book Number: _____

Name: _____

_____ Home phone _____ Mobile _____ Email

I certify that I have not received any form of compensation for the holidays selected and covered by this application. If this is found to be untrue, I will be subject to a suspension of my benefits, and my account will be charged the appropriate administrative fee in accordance with the Funds fraudulent claim policy.

SIGNATURE _____ **DATE** _____