



**SECURITY BENEFIT FUND
APPLICATION FOR REPLACEMENT WAGES
UNEMPLOYMENT ONLY**

- All information on this application must be completed.
- You must include a copy of the "Official Record of Benefit Payment History" (ORBPH) report from the NYSDOL. **NO BENEFITS WILL BE PROCESSED WITHOUT THE ORBPH.**
- You cannot be reimbursed for weeks forfeited from the NYSDOL.
- 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.
- Please email any additional ORBPH records to securitybenefit@steamny.com or fax to 917.281.9519.

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: _____

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 _____