

**DRYWALL ACOUSTIC LATHING & INSULATION LOCAL 675  
SUPPLEMENTARY UNEMPLOYMENT INSURANCE BENEFIT PLAN**

**APPLICATION FOR BENEFITS**

(To be completed no earlier than the Friday of the week unemployed)

**A) MEMBER INFORMATION (Please Print)**

Name \_\_\_\_\_ Certificate Number:    -    -

Address \_\_\_\_\_  
Street name and number City Postal Code

Date of Birth     
Day Month Year

Union Initiation Date    Last Employer \_\_\_\_\_  
Day Month Year

Week(s) Unemployed From    To     
Day Month Year Day Month Year

Reason for Unemployment \_\_\_\_\_

Is Unemployment Due to Disability?  No  Yes

**B) CERTIFICATION OF UNEMPLOYMENT**

I hereby apply to the Trustees of the Drywall Acoustic Lathing & Insulation Local 675 Supplementary Unemployment Benefit Plan for benefits under the Plan and certify that I have been continuously unemployed for the 7 consecutive days in the period set out above and have applied for Benefits through Employment Insurance.

I hereby certify that to the best of my knowledge and belief the information provided by me is true and accurate and I have not refused work offered to me through the Union for the period stated above.

I hereby certify that the above statements are true, accurate and complete to the best of my knowledge and belief. I understand that the Plan Administrator will use the information provided by me on this form strictly to process my claim. I hereby consent the release of this information to my local union office for authorization as required under this Plan. I hereby authorize the Plan Administrator to evaluate or investigate my claim and release my personal information to qualified third parties, such as Employment Insurance, only to the extent required for such purpose. I hereby authorize my union and any other person or institution to release relevant information to the Plan Administrator solely for the purpose of processing this claim. A photocopy of this release shall be as valid as the original.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Member

- Note: 1) Week unemployed must be 7 consecutive days beginning on a Sunday and ending on a Saturday.  
2) **You MUST attach your payment stub from E.I. to this form.**  
3) If denied E.I. because you did not work sufficient weeks to be eligible for Employment Insurance, or because you have received your maximum entitlement from Employment Insurance, you MUST attach a copy of the denial letter to this form.

**BUSINESS REPRESENTATIVE CERTIFICATION**

I hereby certify that to the best of my knowledge and belief the information provided by the member is true and accurate and he/she has not refused work offered to him/her through the Union for the period of Unemployment stated above.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Business Representative

Send fully completed form to:

Drywall Acoustic Lathing & Insulation Local 675 Supplementary Unemployment Insurance Plan  
222 Rowntree Dairy Road  
Woodbridge, Ontario L4L 9T2