

PLUMBERS AND PIPEFITTERS LOCAL UNION NO.333
6525 CENTURION DRIVE
LANSING, MI 48917
517.321.7502 or 866.348.9499
517.321.7508 FAX

SUB FUND APPLICATION FORM
FOR SEVERANCE / DEATH BENEFITS

Name: _____
First Last

Address: _____

Social Security Number and/or ID#: _____ UA# _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

Most Recent Employer's
Name: _____

Last Day Worked: _____ Retirement Date: _____
Month Day Year Month Day Year

I hereby apply for one of the following SUB Fund Benefits:

_____ SUB Fund Severance Benefit

By receiving the SUB Fund Severance Benefit and signing below, I acknowledge that:

- I have five Benefit Years of participation in the Plan and I am or will be receiving the SUB Fund Severance Benefit.
- The Severance Benefit will be mailed to the address shown above, unless otherwise noted.
- The Severance Benefit shall be payable only once in my lifetime.
- Payment of the Severance Benefit shall cancel all credit accumulated under the Plan.
- If I perform work covered by the Collective Bargaining Agreement after receiving a Severance Benefit, I shall be required to requalify for eligibility under the Plan before becoming eligible to receive any other benefits provided under the Plan.
- I understand that the SUB Fund Severance Benefit is taxable income and I understand the tax consequences.
- My employment with my employer has terminated.
- I have permanently severed my relationship with the Plumbing and Pipefitters Industry.
- I have performed no work for a contributing Employer during the previous 12 consecutive months.

Signature of Participant

Current Date

_____ SUB Fund Survivor Benefit

Date of Death: _____

Month Day Year

By receiving the SUB Fund Survivor Benefit and Signing below, I acknowledge that:

- I am or will be receiving the SUB Fund Survivor Benefit.
- The Participant has not received a Severance Benefit in their lifetime.
- Payment of the Survivor Benefit shall cancel all credit accumulated under the Plan.
- I understand that the SUB Fund Survivor Benefit is taxable income and I understand the tax consequences.

Signature of Participant

Current Date

A W-4 Form shall be completed for the appropriate tax withholdings, and returned with this application.

Please mail the Application and W-4 form to: Plumbers and Pipefitters Local 333, Sub Fund, 6525 Centurion Drive, Lansing, MI 48917.

If you have any questions about the SUB Fund Severance Benefits, or SUB Fund Survivor Benefits, please phone the Plumbers and Pipefitters Local 333, Fund Office at 866-348-9499 and ask for the SUB Fund Claims Processor.