

Bricklayers & Allied Craftworkers Local #3
Rochester Chapter
Health & Welfare Fund

33 Saginaw Drive
Rochester, NY 14623

Phone: (585) 385-1160***Email: claimsroc@baclocal3ny.com***Fax: (585) 385-9119

SUB-PAY APPLICATION

Name of Applicant _____ S.S.# _____

Address _____

Tax Withholding Information:

*****Mandatory tax deduction of 10% Federal and 5% State now required*****

Optional additional withholding _____ % Federal _____ % State

\$100 wk. _____ \$200 wk. _____ \$300 wk. _____ \$400 wk. _____

\$500 wk. _____ \$600 wk. _____ \$700 wk. _____

Number of Weeks Requested: _____

Please Attach your “Benefit History” print out from the DOL website

I hereby apply for sub-pay benefits pursuant to the provisions of the Welfare Plan.

Participant's Signature

Date

Pick Up Check ☐ (FRIDAY)

FOR OFFICE USE ONLY

Approved: _____

4601: _____

Date: _____

Fed. Tax (10%): _____

State Tax (5%): _____