

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

33 Saginaw Drive  
Rochester, NY 14623

Phone: (585) 385-1160\*\*\*Email: [claimsroc@baclocal3ny.com](mailto: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.

Participants Signature \_\_\_\_\_

Date \_\_\_\_\_

Pick Up Check  (FRIDAY)

**FOR OFFICE USE ONLY**

Approved: \_\_\_\_\_

4601: \_\_\_\_\_

Date: \_\_\_\_\_

Fed. Tax (10%): \_\_\_\_\_

State Tax (5%): \_\_\_\_\_