

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

1175 William Street  
Buffalo, NY 14206

Phone: (716) 842-1318 \*\*\*Email: [claimsbuf@baclocal3ny.com](mailto:claimsbuf@baclocal3ny.com)\*\*\*

**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

**FOR OFFICE USE ONLY**

Approved: \_\_\_\_\_ 06: \_\_\_\_\_

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

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