

# 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.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

Pick Up Check

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#### FOR OFFICE USE ONLY

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

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

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

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

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