

BAC Local #3 NY Buffalo Chapter Benefit Funds

1175 William Street

Buffalo, NY 14206

Phone: (716) 842-1318

Fax: (716) 842-1347

SUPPLEMENTAL UNEMPLOYMENT ELECTION FORM

I _____ hereby make the following elections regarding my Supplemental Unemployment Benefits:

Payment Amount

I would like to have the benefit paid at the gross amount of:

\$700.00 per week

\$600.00 per week

\$500.00 per week

\$400.00 per week

\$300.00 per week

\$200.00 per week

\$100.00 per week

One Time Only

For All Future Checks

I understand that 10% Federal Tax and 5% State Tax will be deducted from this benefit.

You must attach your Payment History printout from the NYS Unemployment Website.

Signature

Date

_____-_____-_____
Social Security Number