



CONTRACTORS ADVANTAGE PLAN
SUPPLEMENTAL UNEMPLOYMENT APPLICATION FOR BENEFITS

I hereby certify that work has been unavailable to me for the hours specified below. I understand that my benefits are paid from the Contractors Advantage Supplemental Unemployment Benefits Plan Trust and are exempt from FICA tax obligations. Further, I agree to provide additional supporting documentation upon request of the Plan Administrator or its agent as necessary to establish my entitlement to Plan benefits, and I acknowledge that failure to provide such documentation and to meet the requirements of the Summary Plan Description provided to me previously may result in (i) my benefit request being denied, (ii) my repayment to the Trust of benefits I have been paid, and/or (iii) FICA tax consequences that are my sole responsibility.

I understand that to receive benefits from the Trust in the current week I must provide this request by 12:00 p.m. Wednesday. Requests submitted after 12:00 p.m. on Wednesday will result in benefits being paid the following week. I also understand that I will receive benefits only if I have funds remaining in my Plan account under the Trust.

Participant ID# _____
(First three letters of your last name followed by the last four digits of your social security number ex: SMI1234)

Name _____
Address _____
Phone _____
Email _____
Last 4 digits of SSN _____
Employer Name _____
UC Week Ending _____
Hours of Work _____
Unavailable (4 hrs minimum) _____
Gross amount of UC Benefits from the State \$ _____
Signature _____
Date _____

**** To receive benefits all fields must be completed.****

Request for benefits may be made by:

Online www.contractorbenefitsgroup.com

Mail Bertz, Hess & Co., LLP
36 East King Street
Lancaster, PA. 17602
717-393-0767 Ext.374

Fax 717-293-8560

For questions on how to process your request call 717-327-9393