



North Atlantic States Carpenters  
Benefit Funds

Buffalo Office  
1159 Maryvale Dr., Su  
Cheektowaga, NY 142  
Phone: (716) 839-7132  
Toll Free: 1(877) 739-  
Fax: (716) 839-7136  
www.carpentersfund.o

**APPLICATION FOR WAGE REPLACEMENT ACCOUNT WITHDRAWAL**  
(Please complete below, sign at the bottom and return to the Buffalo office)  
**SIGNATURE REQUIRED!**

Member's Name \_\_\_\_\_ SSN (Last Four Digits) \_\_\_\_\_ Local Number \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

\_\_\_\_\_ CHILD CARE EXPENSES (Benefit maximum of \$5,000.00 per calendar year)  
Claims for dependent care reimbursement must be accompanied by a paid receipt listing dates your dependents were cared for, the name of the provider and the provider's tax identification number, Social Security number or facility license number  
Day Care is NOT A TAXABLE benefit. Future services cannot be reimbursed.

\_\_\_\_\_ STATE UNEMPLOYMENT (Subject to applicable taxes) (Submit ENTIRE Unemployment Payment History)  
(PAYMENT HISTORY MUST SHOW PAYMENTS MADE BY UNEMPLOYMENT AND PROOF THAT THE UNEMPLOYMENT CLAIM BELONGS TO THE MEMBER I.E. NAME AND SSN ON PAYMENT HISTORY. FORFEITED WEEKS ARE NOT PAYABLE THROUGH THE STATE UNEMPLOYMENT BENEFIT.)

- Insert number of weeks requested at \$635.21(Gross)/\$525.00(Net)
- Insert number of weeks requested at \$525.00(Gross)/\$433.91(Net)
- THIRD WEEK (MUST BE CONSECUTIVE) 25% of account balance, not to exceed \$3,000 per quarter

\_\_\_\_\_ STATE DISABILITY (Subject to applicable taxes) (Submit Disability pay stub)

- Insert number of weeks requested at \$1515.15(Gross)/\$1000.00(Net)
- Insert number of weeks requested at \$1000.00(Gross)/\$660.00(Net)

\_\_\_\_\_ WORKERS' COMPENSATION (Subject to applicable taxes) (Submit Workers' Comp. pay stub)

- Insert number of weeks requested at \$909.09(Gross)/\$600.00(Net)
- Insert number of weeks requested at \$600.00(Gross)/\$396.00(Net)

- If you are out of work a full week and are not eligible for the State unemployment, Workers' Compensation or State Disability and applying for the Time Loss Benefit, please request the separate Time Loss application from the Fund Office. Effective July 1<sup>st</sup>, 2017 will be required to provide proof that you are ineligible for these separate benefits in order to claim the Time Loss Benefit. Taking vacations or other elective time off of work is ineligible.
- **\*\*\*OVER PAYMENT WARNING\*\*\*** Any person who has been proved to be claiming Time Loss Benefits while also collecting State Unemployment Insurance, Workers' Compensation, or State Disability or has been working, will be subject to the Funds' overpayr policy. You will not receive any benefits from the Wage Replacement Account (with the exception of Child Care Reimbursements) this overpayment is repaid.

MEMBER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*With properly submitted paperwork, your claim will be processed within 30 days*