

CLAIM NUMBER:



## COVID-19 RESOURCE APPLICATION

Local One is doing everything in our power to assist our members through the current crisis. If you are currently receiving unemployment, disability, or Paid Family Leave insurance payments due to COVID-19, you may be eligible for additional benefits through Local One, up to a maximum of \$300 per week for a maximum of 5 weeks. Please provide the following information:

Name

Local One Ledger Number and International Number

Home Address

Telephone Number

E-mail Address

Are you receiving unemployment benefits because of a job shutdown? If so, on what date did you apply for benefits? Please provide ALL dates on which you were not employed due to COVID-19.

Unemployment insurance claim number:

Are you receiving short-term disability benefits as a result of COVID-19? If so, on what date did you apply for benefits? Please provide ALL dates on which you were not employed due to COVID-19.

Short-term disability benefits claim number:

Are you receiving benefits for self-quarantine as a result of COVID-19? If so, on what date did you apply for benefits? Please provide ALL dates on which you were not employed due to COVID-19.

Self-quarantine benefits claim number:

Are you receiving Paid Family Leave for the care of a family member who has contracted COVID-19? If so, on what date did you apply for benefits? Please provide ALL dates on which you were not employed due to COVID-19.

Paid Family Leave claim number:

Please provide documentation of your unemployment, disability, or paid family leave benefits (copies of checks or direct deposit statements from unemployment or disability insurers, or copies of approval letters for unemployment, disability, or paid family leave benefit applications)

Dated: / /

Signed:

Print name: