



# IBEW LOCAL 353

## Pension & Benefit Plans

SUB Plan Claim Form

Use this form to apply for **Supplementary Unemployment Benefits (SUB)**. If you have any questions or need assistance in completing this form, please contact the IBEW Local 353 at 416-510-3530.

You can only claim SUB Plan benefits if all of the following apply:

1. your employer pays contributions to the SUB fund for you;
2. you are laid off because of shortage of work, attending trade school, or are on an eligible leave under the Employment Insurance Act;
3. you make a claim for Employment Insurance Benefits;
4. you have worked for contributing employers for at least 1800 hours in the last 24 months (to initiate a first-time claim);
5. **you are registered as out of work, temporary layoff, trade school, maternity leave, parental leave, family caregiver leave, or compassionate care leave at the union hall.**

You cannot claim SUB Plan benefits:

1. If you quit, are dismissed, are on vacation, if you are in receipt of an IBEW Local 353 pension, or you are on an Employment Insurance Sickness claim; or
2. if you are listed ill and injured, or NAT (Not At Trade); or
3. if you are an owner/operator.

### 1. Member Information – Required

|                           |           |              |                   |
|---------------------------|-----------|--------------|-------------------|
| Card Number               | Last Name | First Name   | Middle Initial(s) |
| Apartment No.             | Address   |              |                   |
| City/Province/Postal Code | Email     | Phone number |                   |

### 2. Claim Information – Required

|               |  |   |
|---------------|--|---|
| Last Employer | Date last worked (relevant to claim)<br>(mm/dd/yyyy) | Date back to work (if applicable)<br>(mm/dd/yyyy) |
|---------------|--|---|

I am claiming the following # \_\_\_\_\_ week(s) from Sunday \_\_\_\_\_ to Saturday \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

**Reason for claim. Please select only one:**

Out of Work                     
  Trade School                     
  Temporary layoff

Maternity/Parental Leave                     
  Compassionate Care Leave                     
  Family Caregiver Leave (child or adult)

**Please provide a start and end date for your leave.** Start date: \_\_\_\_\_ End date: \_\_\_\_\_

**Payment option. Please select only one.**

Mail   
  PICK UP @ 1001 Ritson Rd. South, Oshawa

PICK UP @ 1377 Lawrence Ave. East, Toronto                     
  PICK UP @ 2 Saunders Road, Barrie

PICK UP @ 3185 Orlando Drive, Mississauga

Follow these steps to obtain **EI PAYMENT DETAILS**: Log into your **My Service Canada Account**. Click on **Employment Insurance > Your claims > Payment information**. Click on each underlined **Report covering period** and print individually. Your name must be in the top right-hand corner, as it appears on the website.

For closed/past EI claims, go into your **Past Claims** and click the **SHOW** icon to display your past payments. Print with your name in the top right-hand corner as it appears on the website.

Return with your signed application form and EI payment information to any of the following IBEW 353 Union Halls:

1. 1377 Lawrence Ave. East, Toronto, ON M3A 3P8
2. 3185 Orlando Drive, Mississauga, ON L4V 1C5
3. 1001 Ritson Rd South, Oshawa, ON L1H 4G5
4. 2 Saunders Road, Barrie, ON L4N 9A8

You may also fax to (416) 510-3531 or email to [sub@lu353.ca](mailto:sub@lu353.ca) (ONLY the following email attachments are accepted: pdf, jpg and tiff)

- I am not receiving Employment Insurance as I have used all my E.I. benefits or have not worked enough hours to claim and attach my E.I. Notice of Disentitlement or Disqualification (unless already submitted).
- I will notify the Union (dispatch) when I return to work, and acknowledge that if I am overpaid, I will be required to promptly reimburse the IBEW Local 353 SUB Plan.

I hereby am applying for SUB Plan Benefits. I affirm that the above statements are true and correct

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 04/22