

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

Remember to attach your **EI Payment Details**.

## 1. MEMBER INFORMATION: REQUIRED

Social Insurance No. (SIN): (optional)		Union card number:	
Last Name:		First Name:	Middle Initial(s):
Apartment No.:	Address:		
City:	Province:	Postal Code:	
Home Phone:	Alternate Phone:	Email Address:	

### 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 (EI);
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 with the union as out of work, temporary layoff, trade school, maternity leave, parental leave, family caregiver leave, or compassionate care leave** for at least 3 working days of any particular week, during the period being claimed.

### 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.

## 2. CLAIM INFORMATION – REQUIRED

Last Employer:	Date last worked (relevant to claim): (mm/dd/yyyy)	Date back to work (if applicable): (mm/dd/yyyy)
I am claiming the following # _____ week(s) from Sunday _____ (mm/dd/yyyy), to Saturday _____ (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:** \_\_\_\_\_ (mm/dd/yyyy) **End date:** \_\_\_\_\_ (mm/dd/yyyy)

**Payment Option** - Please select only one:  Mail  e-Transfer (provide your email address: \_\_\_\_\_)

**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.

### Completed application & EI Payment Details can be:

- 1) Emailed:** [sub@lu353.ca](mailto:sub@lu353.ca) (pdf, jpg or png attachments only)  
 **2) Faxed:** 416-510-3531  
 **3) Mailed or dropped off at one of the below IBEW 353 Union Halls;**
- Union Hall Toronto:** 1377 Lawrence Ave. East, Toronto, ON M3A 3P8  
 **Union Hall Oshawa:** 1001 Ritson Rd South, Oshawa, ON L1H 4G5  
**Union Hall Mississauga:** 3185 Orlando Drive, Mississauga, ON L4V 1C5  
 **Union Hall Barrie:** 2 Saunders Road, Barrie, ON L4N 9A8

- I am not receiving Employment Insurance (EI) as I have used all my EI benefits or have not worked enough hours to claim and attach my EI 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (DD/MM/YYYY)

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