



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) (mm/dd/yyyy)	Date back to work (if applicable) (mm/dd/yyyy)
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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 Email transfer *provide 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.

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 (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 04/23