



GMR Employee Master Welfare Trust (PCT) Supplemental Unemployment Benefit Verification Form

I hereby certify that I have been involuntarily separated from employment due to seasonal layoff/short week/reduced hours/partial layoff status and I am not currently gainfully employed each time I submit supplemental unemployment requests as described below.

I agree to provide the following to GMR Associates, Inc. so that they may calculate the correct supplemental unemployment benefit payment as well as continue to process benefits for me as long as my supplemental bucket has funds:

1. This form; read, signed and my weekly unemployment insurance payment clearly noted where indicated.
2. I understand that in order to receive a supplemental unemployment check through the Health & Welfare Benefits Trust, I must submit by request *weekly* by one of the following methods below.

Online Website:

Go to www.gmr-usa.com & log into your Online Account then click Submit a Benefit Request.

Gross amount of weekly unemployment insurance payment from the state: \$ _____
(From State Determination Letter if applicable*)

I fully understand that my Supplemental Unemployment Benefits from the Trust are exempt from normal FICA tax obligations. I also acknowledge that each week I claim supplemental unemployment benefit checks through the Trust that I am currently laid off and eligible for said benefits.

Furthermore, I acknowledge that failure to provide the required documentation and adhere to benefit eligibility guidelines could result in FICA tax consequences that are my sole responsibility. This form will remain in effect until you submit a new one with updated information.

Date: _____

My Employer (Company) Name: _____

My Name Printed: _____

My Social Security Number: _____

My Signature: _____

Mail or fax this form to: GMR Associates, Inc.
Attn: Trust Accounting

2300 Buffalo Road, BLDG 600C, Rochester, NY 14624 Phone: 585.429.1330 FAX: 585.426.6981