



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

I hereby certify that I have been laid off by my employer and I am not currently gainfully employed.

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 call in my request **weekly** by phoning: **1-800-724-4817 x 200** and leaving the requested information.

OR

I can also request supplemental benefits online by going to <http://www.gmr-usa.com>
Then click on the "Tools" menu and then "Supp Unemp Request"

I also understand that if I do not request benefits online or call within the specified time; I will not receive a benefit check that week.

Gross amount of weekly unemployment insurance payment: \$ _____
(From Determination Letter*)

***Please note: this amount can and will be adjusted if your employer's experience rating of charges state otherwise.**

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.

DATE: _____

MY EMPLOYER (Company) NAME: _____

MY NAME PRINTED: _____

MY SOCIAL SECURITY NUMBER: _____

MY SIGNATURE: _____

Mail or fax this form, along with the required documentation to:

GMR Associates, Inc.
Attn: Trust Accounting
2300 Buffalo Road – Bldg 800A
Rochester NY 14624-0369
Phone: 585.429.1330 FAX: 585.426.6981