

Sheet Metal #10 SAFE Plan

1681 East Cope Avenue, Suite B
Maplewood, MN 55109-2631

Tel. (651) 770-0991 1-800-396-2903
Fax (651) 770-1351

APPLICATION FOR SUPPLEMENTAL UNEMPLOYMENT BENEFIT

NAME _____ SSN XXX-XX-

ADDRESS _____

CITY/STATE/ZIP CODE _____ PHONE _____

DATE OF BIRTH _____

LAST EMPLOYER _____

DATE LAST WORKED _____

DATE ON WHICH YOU BEGAN RECEIVING STATE UNEMPLOYMENT BENEFITS _____

ARE YOU CURRENTLY UNEMPLOYED? Yes No

PLEASE CHECK ONE OF THE FOLLOWING:

I AM CURRENTLY DRAWING STATE UNEMPLOYMENT BENEFITS

You must attach a copy of your State Unemployment Payment Information located on the unemployment website www.uimn.org which identifies the weeks in which you have received State Unemployment benefits. You should have received instructions on how to do this with your application. If you did not, please contact the receptionist.

MY STATE UNEMPLOYMENT BENEFITS HAVE BEEN EXHAUSTED

When were your State unemployment benefits terminated? _____

Why were your State unemployment benefits terminated? _____

Are you available for and seeking work? Yes No

You must attach a copy of your State Unemployment Payment Information located on the unemployment website www.uimn.org which identifies the weeks in which you have received State Unemployment benefits. This print will also show your State Unemployment Account Balance of \$0.00.

I AM AN APPRENTICE WHO IS NOT ELIGIBLE FOR UNEMPLOYMENT BENEFITS.

I have read the Rules and Regulations for the SAFE Plan. I understand that these include but are not limited to (1) my Supplemental Unemployment Benefit is \$230 for each week in which I am eligible for the SAFE Plan Supplemental Unemployment Benefit; (2) if I return to work (or refuse to return to work when offered) my Supplemental Unemployment Benefit will be terminated; (3) my Benefit will be terminated if my account balance reaches \$100; and (4) this benefit is taxable as ordinary income to me. I hereby certify that all information I have given is true and accurate and agree that I will immediately notify the SAFE Plan when I return to work. I understand that any false statement or failure to follow the Plan's rules may automatically disqualify me from receiving a benefit, the Trustees would have the right to bring an action against me, and there may be adverse tax consequences to me.

Date _____ Signature _____

Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child 	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H _____

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1 style="margin: 0;">2016</h1>
1 Your first name and middle initial _____ Last name _____		2 Your social security number XXX-XX-
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____		5 _____
6 Additional amount, if any, you want withheld from each paycheck _____		6 \$ _____
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		NA
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ _____		Date ▶ _____
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) _____		9 Office code (optional) _____
		10 Employer identification number (EIN) _____

SHEET METAL #10 SAFE PLAN

1681 East Cope Avenue, Suite B
Maplewood, MN 55109-2631

Tel (651) 770-0991 1-800-396-2903
Fax (651) 770-1351

DATE: April 29, 2016
SUBJECT: SAFE Plan Weekly Unemployment Benefit
FROM: Nancy Hinrichs - Sheet Metal Local #10 Benefits Office
TO: SAFE Plan Participants

The following actions must be taken in order to receive payment from the SAFE Plan.

1. Complete an application for Supplemental Unemployment Benefit and W-4.

- A new application **must** be completed each time you become unemployed
- How to obtain an application for SAFE:

Sheet Metal Local #10 website at www.smw10.org.

Click on **Benefits**

Select **SAFE Fund**

Find **SAFE Unemployment Rules & Application**

Select: **SAFE Fund Rules & Applications.pdf**

Stop by the Benefits Office

OR call 651-770-0991 and request a copy be mailed or emailed to you.

- Print and complete the application and W4. **PLEASE NOTE: YOU CANNOT CLAIM EXEMPT ON the W4.**

2. Obtain documented proof of Unemployment from the State.

- Login to State website at www.uimn.org.
Select **Applicant Login** link.
Enter your **Social Security Number** and your unemployment **PASSWORD**.
Select **View and Maintain My Account**.
Select **Determination and Issue Summary**. (*See example on following pages*)
You will need to print this page for your **first** SAFE Plan payment request.
This summary provides information regarding your current Unemployment Insurance claim.
Select the **Payment Information** link. (*See example on following pages*)
Select the **Search** button located under the date range.
Select the link at the bottom of the page **Click Here to get printable version**.
(This action may or may not be necessary to print the complete document. It depends on your set up).
Select Print.

Important: Please review the page that you print to ensure that all data is printed.
For example, the print-out must include the payment status of your requests, dates etc.

Please see reverse side for additional details

If the print out is missing information, please make adjustments to the page layout as follows: Once the printable version is on your screen, Select File, (located on your tool bar) then select Page Setup. Select Landscape in order to change your page orientation. Select OK and Print.

NOTE: Current Payment information is available **24 hours after** you submit your payment request from the State. Once updated, the terms NonPayable Week, Processed, or Not Eligible will show in the far right column for the appropriate week.

3. Once the application and W4 are completed and the Determination and Issue Summary, and the Payment Information are obtained, bring, mail, email or fax to the Benefit Office. (see fax # and addresses below)

All required information, (applications, current payment information, determination and issue summaries, etc.) must be submitted to the Benefits Office by **4:00 PM on Wednesday**. Be sure to print your **first and last name**, including the **last four digits** of your Social Security Number on **all** documentation you submit to the Benefits Office.

Checks will be issued and mailed on **Friday** unless other arrangements have been made with the Benefits Office. If you request to pick up your check, it will be available between 1 and 3:30 PM **on Friday**. Any checks not picked up by 3:30 will be dropped in the mail.

Thank you for your cooperation,

Nancy Hinrichs
Sheet Metal Local 10 Benefits Office
1681 E Cope Ave, Suite B
Maplewood, MN 55109
Tel: (651) 770-0991/1-800-396-2903
Fax: (651) 770-1351
nhinrichs@smwbenefits.com



Unemployment Insurance
Minnesota

Tuesday, January 5, 2010

Applicant Self-Service [Log Off](#)

* Indicates Required Field

Sample

[My Account Home Page](#)

[Future Benefits Estimate](#)

[View and Maintain My Account](#)

- ▶ [Child Support Summary](#)
- ▶ [Determination and Issue Summary](#)
- ▶ [Overpayment Summary](#)
- ▶ [Payment Method Options](#)
- ▶ [Prior Repayments Made](#)
- ▶ [Check Replacement](#)
- ▶ [Tax Withholding Information](#)
- ▶ [My 1099-Gs](#)

Determination And Issue Summary

The **Determination of Benefit Account** section displays the weekly and maximum benefit amounts you are potentially eligible to receive. The **Determination of Eligibility and Decisions** section contains all pending issues and completed decisions that affect your eligibility for the benefit amounts shown as well as decisions on past accounts.

Determination of Benefit Account

[Click Here](#) to view detailed monetary information. You may view a copy of your **Determination of Benefit Account**, request corrections, or file or withdraw an appeal of the monetary determination.

Weekly Benefit Amount	Maximum Benefit Amount	Effective Begin Date	Effective End Date

Determination of Eligibility and Decisions

Click on a link in the **Issue Identification Number** column to view specific issue details and determination results, to view information you have already provided or to respond to a request for information for a pending issue. You may also file for, or withdraw an appeal, or add representation or witness information for a scheduled appeal hearing.

Issue Identification Number	Employer Name	Issue Type	Status	Date Mailed
		Earnings - Regular wages (W2)	Completed	



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Example

* Name (1st & last)
* Last 4 digits of Social Security number

Payment Information

The payment information details your account balance, current method of payment and your tax withholding status.

Account Balance: \$
Total Overpayment Balance: **\$0.00**
Tax Withholding Status: **Taxes are NOT Being Withheld (Update)**
Current Method of Payment: **Direct Deposit (Update)**

Requests for Payment/Payment History

Enter the date range between **09/02/2007** and **08/30/2008** to view information on payment requests for weeks during that time period for the current account. If you wish to view a summary of all payments made to you between specific dates, click here.

Date Range: 09 / 02 / 2007 to 08 / 30 / 2008 (mm/dd/yyyy)

Click on the link in the **Deductions** column to view a breakdown of your total deductions. Click on the link within the **Other Distributions** column to view a breakdown of the other payment distributions.

Week Requested Begin Date	Payment Process Date	Program Type	Weekly Benefit Amount	Deductions	Other Distributions	Net Payment	Payment ID	Payment Method	Payment Status
09/02/2007		STUI	\$395.00	\$0.00	\$0.00	\$0.00			<u>Waiting Week</u>
09/09/2007	09/20/2007	STUI	\$395.00	\$0.00	\$0.00	\$395.00	290386	Debit Card	<u>Processed</u>
09/16/2007	10/03/2007	STUI	\$395.00	\$0.00	\$0.00	\$395.00	290387	Direct Deposit	<u>Processed</u>
09/23/2007	10/03/2007	STUI	\$395.00	\$0.00	\$0.00	\$395.00	290387	Direct Deposit	<u>Processed</u>
09/30/2007	10/16/2007	STUI	\$395.00	\$0.00	\$0.00	\$395.00	57560813	Direct Deposit	<u>Processed</u>
10/07/2007	10/16/2007	STUI	\$395.00	\$0.00	\$0.00	\$395.00	57560813	Direct Deposit	<u>Processed</u>