Protection Claim Form

(Please Print)

Protection Agreement/Conditions Under Which You Are Claiming Benefits:
(e.g., Feb. 7, 1965 (Feb 7); Jan. 8, 1979 (Jan 8); SUB; New York Dock (NYD); etc.)

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Claim Date (yyyy-mm):

☐☐☐☐-☐☐

Submit to Employing Officer: (Not applicable for SUB claims)

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Last Name F.I. M.I.

A. **Employee Identification**: (Provide all information)

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Last Name F.I. M.I.

EIN: ☐☐☐☐☐☐☐

Address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

State: ☐☐; **Zip Code:** ☐☐☐☐☐-☐☐☐☐

Union: ☐☐☐☐☐ (e.g., UTU, BLET, TCU, BMWE, IBEW, etc.)

B. Were you during the period of this claim working the highest rated position to which you were entitled? **Yes** ☐ or **No** ☐
If "No" list position you could have occupied:
Position: ☐☐☐☐☐☐☐☐☐☐; Rate: $☐☐☐.☐☐

C During the period of this claim, did you refuse any overtime work that was offered or available to you? **Yes** ☐ or **No** ☐

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IS TRUE AND CORRECT

Signature of Claimant: _____

Date: _____

STATEMENT TO BE FILED WITHIN SIXTY DAYS OF END OF CLAIM MONTH

D. Daily record of work performed. (Fill out for each day). On days not worked, show reason (e.g., rest day, vacation, holiday, sick, job annulled, personal leave)

Date	Position	Location	Rate of Pay
1			
2			
3			
4			
5			
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31			

Total $ _____

E. Total earnings from employment other than Company: $ _____
(For furloughed ("dismissed") employees only.)
Attach statement of outside earnings from any and all sources.

Signature of Employing Officer: (*Original Signature Required*)
Signature NOT required for SUB claims

_____ Date: _____