

**Empire Iron Mining Partnership and Tilden Mining Company L.C.  
Supplemental Unemployment Benefit Plan**

COMPLETE IN INK - PLEASE PRINT

Employee No. \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Work Location: \_\_\_\_\_ Benefit Year Beginning (Month, Day, Year): \_\_\_\_\_

Initial S.U.B. Claim:  Continued S.U.B. Claim:  Number of Dependents (Excluding Employee): \_\_\_\_\_  
**\*\*You must include the number of dependents on every application\*\***

**Unemployment Benefits**

**ATTACH PROOF OF ALL COMPENSATION/PAYMENT RECEIVED FOR BELOW CLAIMED WEEKS AND EXPLANATION**

Week Ending #1 \_\_\_\_\_ (Sat. Date)

Week Ending #2 \_\_\_\_\_ (Sat. Date)

Information from State Unemployment Compensation Check:

Amount of Check: \_\_\_\_\_ Date of Check: \_\_\_\_\_

**If you did not receive unemployment, answer the following questions:**

If you are not eligible for state unemployment benefits for the above weeks due to appeal or protest of state U.C. benefit, check this block

If you are not eligible due to disability check this block   
If box is checked, please complete the following information:

Date of disability: \_\_\_\_\_

Has the mine nurse been contacted: \_\_\_\_\_

Are you receiving any state or federal disability benefit : \_\_\_\_\_

Have you exhausted your state unemployment benefits? \_\_\_\_\_

Did you not have sufficient employment to qualify? \_\_\_\_\_

**Certification**

**I certify that, as of my date of layoff, I had two (2) or more years of continuous service and that during the weeks covered by this application, I was LAI D OFF, available for work, and maintained an active registration with my state employment service.**

1. Did you, during the weeks covered by this application, earn any wages or other income from any employer or from self employment?

If you answered "Yes", enter gross amount and source:

Week 1: \_\_\_\_\_ Source: \_\_\_\_\_

Week 2: \_\_\_\_\_ Source: \_\_\_\_\_

2. Are you eligible for and claiming any sickness & accident or total disability or receiving a pension or retirement benefit? \_\_\_\_\_

3. Were you, during the weeks covered by this application, serving in the military pursuant to military orders, including training encampments of the National Guard or Reserve? \_\_\_\_\_ If yes, please attach a copy of your orders.

4. Have you refused any referral or offer of suitable work for weeks covered by this application? \_\_\_\_\_

5. Did you voluntarily leave any employment during the weeks covered by this application? \_\_\_\_\_

6. Were you paid any vacation during the weeks covered by this application? \_\_\_\_\_

7. Were you on FMLA for one or both of the weeks covered by this application? \_\_\_\_\_

If "Yes", specify week(s): \_\_\_\_\_

**If you answered "Yes" to any of the questions, attach explanation and supporting documentation.**

**I hereby certify that the foregoing information is true and complete and I understand that my credit units may be cancelled and I may be subject to discipline, up to and including termination of employment, if I willfully falsify or withhold any material facts or documents to obtain benefits under the plan.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit this Form with Proof of Unemployment or Exhausted Benefits and Other Earnings to your Payroll Department.