



Bermuda Industrial Union

APPLICATION FOR LAY-OFF BENEFITS

Date:

Name:
Last First Middle

Maiden Name.....

Address:

Date of Birth: Day..... Month Year..... Male Female

Division:

Telephone (Home) Work

Length of Membership:

Employer:

Previous Employer:

When did you come unemployed? Day Month Year

Period of Lay- Off: From: To

Reason for Lay -Off:

Yours Fraternaly,
.....

FOR OFFICIAL USE ONLY

Joined: Rejoined:.....

Benefits received during: October 20____and September 20____

Number of Weeks Entitlement:

Amounts: \$.....

Remarks:

Signed: