

**UMWA HEALTH AND RETIREMENT FUNDS**  
**Certificate of Layoff**

Applicant Name: \_\_\_\_\_

Applicant SSN : \_\_\_\_\_

Date Applicant was hired:

Last day Applicant worked:

Last day for which Applicant was paid:

Indicate what the last day of pay was for:

- Hours worked                       Vacation  
 Holiday                                 Warn Pay  
 Other (explain: \_\_\_\_\_)

Was Applicant laid off?                       Yes    No

If "Yes", did mine permanently close?  Yes    No

Date mine closed: \_\_\_\_\_

Was Applicant permanently laid off?    Yes    No

Date laid off: \_\_\_\_\_

Has Applicant refused recall to mine from which he was laid off?  Yes    No

If "Yes", what was the date the Applicant refused recall? \_\_\_\_\_

How many hours has the Applicant worked in a classified job in \_\_\_\_\_

Did the Applicant receive Sickness and Accident benefits or Workers' Compensation benefits during the preceding 52 weeks?  Yes    No

If "yes", when were they paid? From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

What was the average number of regularly scheduled work days during the weeks benefits were paid? \_\_\_\_\_ days per week

Company: \_\_\_\_\_                      Company Phone: \_\_\_\_\_

Mine Name/Number: \_\_\_\_\_                      Local Union Number: \_\_\_\_\_

List the address to which the employer's copy of the pension approval letter is to be sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Certifying Official \_\_\_\_\_ Date \_\_\_\_\_

Title of Certifying Official \_\_\_\_\_



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