

ELECTRICAL WORKERS LOCAL No. 86 INSURANCE FUND
2300 E. River Road Rochester, New York 14623
Telephone (716) 235-1515

Jury Duty Benefit Request Form

Member's Name _____

Social Security # _____ Date of Birth _____

Address _____

Telephone Number _____

Are you working now? Yes or No If not, date last worked _____

Name of present or last employer _____

Dates you served as a Juror _____

Name and/or Description of Court _____

Payments made to you for this Jury Service _____

I hereby agree to reimburse Local No. 86 Insurance Fund to the extent of any overpayment, which is in excess of the amounts payable.

Authorization to release information: I hereby authorize Local No. 86 Insurance Fund to release or obtain any information which may be necessary to determine benefits payable under the Jury Service Benefit.

Member's Signature _____ Date _____

Please attach any evidence you have that will help support your claim, such as legal notice and receipts for amounts paid to you by the court.

Return to: Electrical Workers Local No. 86 Insurance Fund, 2300 East River Road, Rochester, NY 14623