COVID - 19 Displaced Participants
Supplemental Unemployment Benefits

IBEW 649 SUB and Welfare Fund

5735 Elizabeth Avenue
Saint Louis, MO 63110

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This form will be utilized by signatory employers to notify the IBEW-NECA Service Center of participants that have been displaced from employment due to the COVID - 19 pandemic.

Name of Employer

1. Displaced Participant Information (Please print or type)

Participant Name	Jobsite	Date Displaced	Last Date of Displacement

5. Signature and Certification of Employer

I hereby certify the above referenced participants have been displaced from employment due to COVID-19 pandemic. The employer will notify the IBEW-NECA Service Center once the participant has or is able to return to work.

Employer Signature (ok to Type)	Date