



COVID - 19 Displacement/Reduction in Workforce  
 Accident and Sick (A&S) - TES Benefits  


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 IBEW Local No. 1 Health and Welfare Fund  
 Electricians Income Security Fund

5735 Elizabeth Avenue  
 Saint Louis, MO 63110

Phone 314/752-2330  
 Fax 314/752-2339

This form will be utilized by signatory employers to notify the IBEW-NECA Service Center of participants that have been displaced or received a layoff during the COVID - 19 pandemic.

Name of Employer

1. Participant Displacement/Work Reduction Information (Please print or type)

Participant Name	Type/Reasoning for Displacement or Work Reduction (check one)				Displacement or Layoff Date	These Columns Completed for Those Displaced Only	
	Displacement (Furlough)		Reduction in Workforce			Jobsite	Return to Work Date
	Project Closure	Shelter at Home	COVID Related Layoff	Unrelated Layoff			

**\* Please note - Employers must notify the Service Center once the participant that has been displaced has or is able to return to work\***

2. Signature and Certification of Employer

I hereby certify the above referenced participants have been displaced or received a layoff as indicated.

Employer Signature (ok to Type)	Date