

**BUFFALO LABORERS' WELFARE FUND (the "Fund")
APPLICATION FOR JURY DUTY BENEFITS**

Return completed form to: Buffalo Laborers' Welfare Fund, 25 Tyrol Drive, Suite 200, Cheektowaga, NY 14227

PARTICIPANT INFORMATION

Name: _____

Social Security Number: _____

Address: _____

City: _____ State: _____ Date of Birth: _____

Date(s) served on jury duty (for each date, attach a copy of the proof of service receipt):

Signature

Date

Penalty for Fraudulent or Incorrect Information

If you make a false statement, or furnish fraudulent or incorrect information (including, for example, submitting false information in order to receive jury duty benefits), the Fund may impose penalties, including the denial, suspension, discontinuance or reduction in your Fund benefits.

If the Fund pays jury duty benefits that are in excess of what you are entitled to due to error (including for example, a clerical error), fraud, or for any other reason, the Fund reserves the right to recover such overpayment through whatever means are necessary, including, without limitation, deduction of the excess amounts from future claims and/or legal action. See the SPD for further information.