

# SHEET METAL #10 SAFE PLAN

1681 East Cope Avenue, Suite B  
Maplewood, MN 55109-2631

Tel (651) 770-0991 1-800-396-2903  
Fax (651) 770-1351

**DATE:** April 29, 2016  
**SUBJECT:** SAFE Plan Weekly Unemployment Benefit  
**FROM:** Nancy Hinrichs - Sheet Metal Local #10 Benefits Office  
**TO:** SAFE Plan Participants

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The following actions must be taken in order to receive payment from the SAFE Plan.

1. Complete an application for Supplemental Unemployment Benefit and W-4.

- A new application **must** be completed each time you become unemployed
- How to obtain an application for SAFE:

Sheet Metal Local #10 website at [www.smw10.org](http://www.smw10.org).

Click on **Benefits**

Select **SAFE Fund**

Find **SAFE Unemployment Rules & Application**

Select: **SAFE Fund Rules & Applications.pdf**

Stop by the Benefits Office

OR call 651-770-0991 and request a copy be mailed or emailed to you.

- Print and complete the application and W4. **PLEASE NOTE: YOU CANNOT CLAIM EXEMPT ON the W4.**

2. Obtain documented proof of Unemployment from the State.

- Login to State website at [www.uimn.org](http://www.uimn.org).  
Select **Applicant Login** link.  
Enter your **Social Security Number** and your unemployment **PASSWORD**.  
Select **View and Maintain My Account**.  
Select **Determination and Issue Summary**. (*See example on following pages*)  
You will need to print this page for your **first** SAFE Plan payment request.  
This summary provides information regarding your current Unemployment Insurance claim.  
Select the **Payment Information** link. (*See example on following pages*)  
Select the **Search** button located under the date range.  
Select the link at the bottom of the page **Click Here to get printable version**.  
(This action may or may not be necessary to print the complete document. It depends on your set up).  
Select Print.

**Important:** Please review the page that you print to ensure that all data is printed.  
For example, the print-out must include the payment status of your requests, dates etc.

Please see reverse side for additional details

If the print out is missing information, please make adjustments to the page layout as follows: Once the printable version is on your screen, Select File, (located on your tool bar) then select Page Setup. Select Landscape in order to change your page orientation. Select OK and Print.

**NOTE:** Current Payment information is available **24 hours after** you submit your payment request from the State. Once updated, the terms NonPayable Week, Processed, or Not Eligible will show in the far right column for the appropriate week.

3. Once the application and W4 are completed and the Determination and Issue Summary, and the Payment Information are obtained, bring, mail, email or fax to the Benefit Office. (see fax # and addresses below)

All required information, (applications, current payment information, determination and issue summaries, etc.) must be submitted to the Benefits Office by **4:00 PM on Wednesday**. Be sure to print your **first and last name**, including the **last four digits** of your Social Security Number on **all** documentation you submit to the Benefits Office.

Checks will be issued and mailed on **Friday** unless other arrangements have been made with the Benefits Office. If you request to pick up your check, it will be available between 1 and 3:30 PM **on Friday**. Any checks not picked up by 3:30 will be dropped in the mail.

Thank you for your cooperation,

Nancy Hinrichs  
Sheet Metal Local 10 Benefits Office  
1681 E Cope Ave, Suite B  
Maplewood, MN 55109  
Tel: (651) 770-0991/1-800-396-2903  
Fax: (651) 770-1351  
[nhinrichs@smwbenefits.com](mailto:nhinrichs@smwbenefits.com)



Unemployment Insurance  
*Minnesota*

Tuesday, January 5, 2010

Applicant Self-Service Log Off

\* Indicates Required Field

**Sample**

My Account Home Page

Future Benefits Estimate

View and Maintain My Account

- ▶ Child Support Summary
- ▶ [Determination and Issue Summary](#)
- ▶ Overpayment Summary
- ▶ Payment Method Options
- ▶ Prior Repayments Made
- ▶ Check Replacement
- ▶ Tax Withholding Information
- ▶ My 1099-Cs

Determination And Issue Summary

The **Determination of Benefit Account** section displays the weekly and maximum benefit amounts you are potentially eligible to receive.

The **Determination of Eligibility and Decisions** section contains all pending issues and completed decisions that affect your eligibility for the benefit amounts shown as well as decisions on past accounts.

Determination of Benefit Account

Click [Here](#) to view detailed monetary information. You may view a copy of your **Determination of Benefit Account**, request corrections, or file or withdraw an appeal of the monetary determination.

Weekly Benefit Amount	Maximum Benefit Amount	Effective Begin Date	Effective End Date

Determination of Eligibility and Decisions

Click on a link in the **Issue Identification Number** column to view specific issue details and determination results, to view information you have already provided or to respond to a request for information for a pending issue. You may also file for, or withdraw an appeal, or add representation or witness information for a scheduled appeal hearing.

Issue Identification Number	Employer Name	Issue Type	Status	Date Mailed
		Earnings - Regular wages (W2)	Completed	



[Accessibility](#) | [Privacy Statement](#) | [Viewing Tips](#)

Change Password

Log Off

\* Example \*

\* Name (1st & last)

\* Last 4 digits of Social Security number

### Payment Information

The payment information details your account balance, current method of payment and your tax withholding status.

Account Balance: \$

Total Overpayment Balance: \$0.00

Tax Withholding Status: Taxes are NOT Being Withheld (Update)

Current Method of Payment: Direct Deposit (Update)

### Requests for Payment/Payment History

Enter the date range between **09/02/2007** and **08/30/2008** to view information on payment requests for weeks during that time period for the current account. If you wish to view a summary of all payments made to you between specific dates, click here.

Date Range: 09 / 02 / 2007 to 08 / 30 / 2008 (mm/dd/yyyy)

Click on the link in the **Deductions** column to view a breakdown of your total deductions. Click on the link within the **Other Distributions** column to view a breakdown of the other payment distributions.

Week Requested Begin Date	Payment Process Date	Program Type	Weekly Benefit Amount	Deductions	Other Distributions	Net Payment	Payment ID	Payment Method	Payment Status
09/02/2007		STUI	\$395.00	\$0.00	\$0.00	\$0.00			<a href="#">Waiting Week</a>
09/09/2007	09/20/2007	STUI	\$395.00	\$0.00	\$0.00	\$395.00	290386	Debit Card	<a href="#">Processed</a>
09/16/2007	10/03/2007	STUI	\$395.00	\$0.00	\$0.00	\$395.00	290387	Direct Deposit	<a href="#">Processed</a>
09/23/2007	10/03/2007	STUI	\$395.00	\$0.00	\$0.00	\$395.00	290387	Direct Deposit	<a href="#">Processed</a>
09/30/2007	10/16/2007	STUI	\$395.00	\$0.00	\$0.00	\$395.00	57560813	Direct Deposit	<a href="#">Processed</a>
10/07/2007	10/16/2007	STUI	\$395.00	\$0.00	\$0.00	\$395.00	57560813	Direct Deposit	<a href="#">Processed</a>

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## APPLICATION FOR SUPPLEMENTAL UNEMPLOYMENT BENEFIT

NAME \_\_\_\_\_ SSN \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

LAST EMPLOYER \_\_\_\_\_

DATE LAST WORKED \_\_\_\_\_

DATE ON WHICH YOU BEGAN RECEIVING STATE UNEMPLOYMENT BENEFITS \_\_\_\_\_

ARE YOU CURRENTLY UNEMPLOYED?  Yes  No

### PLEASE CHECK ONE OF THE FOLLOWING:

I AM CURRENTLY DRAWING STATE UNEMPLOYMENT BENEFITS

**You must attach a copy of your State Unemployment Payment Information located on the unemployment website [www.uimn.org](http://www.uimn.org) which identifies the weeks in which you have received State Unemployment benefits. You should have received instructions on how to do this with your application. If you did not, please contact the receptionist.**

MY STATE UNEMPLOYMENT BENEFITS HAVE BEEN EXHAUSTED

When were your State unemployment benefits terminated? \_\_\_\_\_

Why were your State unemployment benefits terminated? \_\_\_\_\_

Are you available for and seeking work?  Yes  No

**You must attach a copy of your State Unemployment Payment Information located on the unemployment website [www.uimn.org](http://www.uimn.org) which identifies the weeks in which you have received State Unemployment benefits. This print will also show your State Unemployment Account Balance of \$0.00.**

I AM AN APPRENTICE WHO IS NOT ELIGIBLE FOR UNEMPLOYMENT BENEFITS.

I have read the Rules and Regulations for the SAFE Plan. I understand that these include but are not limited to (1) my Supplemental Unemployment Benefit is \$230 for each week in which I am eligible for the SAFE Plan Supplemental Unemployment Benefit; (2) if I return to work (or refuse to return to work when offered) my Supplemental Unemployment Benefit will be terminated; (3) my Benefit will be terminated if my account balance reaches \$100; and (4) this benefit is taxable as ordinary income to me. I hereby certify that all information I have given is true and accurate and agree that I will immediately notify the SAFE Plan when I return to work. I understand that any false statement or failure to follow the Plan's rules may automatically disqualify me from receiving a benefit, the Trustees would have the right to bring an action against me, and there may be adverse tax consequences to me.

Date \_\_\_\_\_ Signature \_\_\_\_\_

# Form W-4 (2018)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

#### Line C. Head of household please note:

Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

**Line F. Credit for other dependents.** When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2018</b>	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .				5	
6 Additional amount, if any, you want withheld from each paycheck . . . . .				6 \$	
7 I claim exemption from withholding for 2018, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶ 7 <b>NA</b>					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶			Date ▶		
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment		10 Employer identification number (EIN)