

SASMI TRUST FUND
601 NORTH FAIRFAX STREET
SUITE 400
ALEXANDRIA, VA 22314



**RETIREE HEALTH PREMIUM BENEFIT APPLICATION FOR DIRECT
PAYMENT TO LOCAL HEALTH FUND**

PERSONAL DATA: (Please Print All Answers)

Name: _____
Last First Middle
Address: _____
Street Address
City State Zip Code
IA No.: _____
Home Local Union No.: _____
Social Security No.: _____
Date of Birth: _____
Initiation Date: _____

Last Month Worked: _____ Retirement Date: _____
Month / Year

Please attach a copy of your Pension approval from your Local Pension Fund and/or the National Pension Fund.

In the event of a participant's death, retiree health benefits may be made to, or on behalf of, a participant's spouse. Please provide:

Name of Spouse: _____ Spouse's Social Security No: _____

If applicable, indicate all dates, after your initiation, when you were not a member of the Sheet Metal Workers' International Association (Withdrew, Suspended, etc.).

Retiree Health Insurance Provider: SHEET METAL WORKERS LOCAL
110
SMWIA Local Union _____ Welfare Fund HEALTH FUND
P.O. BOX 635767
Name of Local Union Welfare Fund: CINCINNATI, OH 45263-5767
Address of Local Union Welfare Fund: _____
Telephone Number of Welfare Fund: 1-800-296-5160

Does premium include coverage for your spouse? _____ YES _____ NO
Current Monthly Premium Amount: \$ _____ MARRIED \$ _____ SINGLE

APPLICANT'S AUTHORIZATION:

The information I have set forth above is true and correct to the best of my knowledge and belief. I understand that a false statement or the withholding of pertinent information may disqualify me from benefits. I hereby authorize the SASMI Fund Office to obtain, when necessary, Social Security, Unemployment, Health and Welfare and other records for the sole purpose of processing SASMI Benefits. I authorize the SASMI Fund to issue Retiree Health Premium Benefits on my behalf, or in the event of my death, on behalf of my spouse, to my Local Union Health Fund effective (month/year) _____. Benefits will be issued on a quarterly basis and if any of the above information changes (including the premium amount), I agree to notify the SASMI office in writing within fifteen (15) days.

Date: _____ Applicant's Signature: _____

LOCAL UNION DATA: (TO BE COMPLETED BY LOCAL UNION OFFICIAL ONLY)

Has the applicant been employed with any non-union sheet metal contractor since the date of initiation? DO NOT include any work performed under the Youth-to-Youth program or authorized by the Local Union (salted organizer).
_____ YES _____ NO

I hereby certify that I am authorized to make the above statements on behalf of the Local Union. I also certify all statements above are true and correct to the best of my knowledge and belief, and according to the records of the Local Union.

Date: _____ By: _____
(Signature) (Title) (Local Union #)