

SASMI TRUST FUND
601 NORTH FAIRFAX STREET, SUITE 400
ALEXANDRIA, VA 22314
(703) 739-7250 (800) 858-0354

SASMI SEVERANCE BENEFIT APPLICATION

Applicant's Name: _____
(Last) (First) (Middle)

Address: _____
(Number and Street) (City) (State) (Zip Code)

Social Security Number: _____ IA Number: _____

Date of Birth: _____ Applicant's Local Union: _____

Date Applicant First Became A Member of SMWIA: _____ With Local: _____

Date Applicant was last employed in the Sheet Metal Industry: _____

If applicable, indicate all dates the applicant was not a member of the Sheet Metal Workers' International Association (Withdrew, Suspended, etc.).

Please indicate the Qualifying Event and Date, and attach the documents required:

_____ **Permanent Separation from the Sheet Metal Industry for twelve (12) consecutive months:**

1. Effective Date of Separation: _____
2. Reason for Permanent Separation (Retirement, Left Trade, etc.): _____
3. Sign the attached form authorizing SASMI to obtain information from the Social Security Administration.

_____ **Death:**

1. Date of Death: _____
2. Attach copy of Applicant's Death Certificate.
3. Attach Applicant's SASMI Beneficiary Designation Card.

_____ **Total and Permanent Disability:**

1. Date Applicant was determined to be totally and permanently disabled: _____
2. Attach one or more of the following:

- _____ Copy of Social Security Finding of Permanent Disability.
- _____ Copy of Pension Fund's Approval of Disability Pension.
- _____ Other documents indicating date of and proof of total and permanent disability.

SASMI reserves the right to request additional proof of total and permanent disability.

Please do not submit application PRIOR to separation date.

APPLICANT'S AFFIRMATION:

I hereby acknowledge that the information set forth above, and the documents attached to this application are true and correct to the best of my knowledge and belief. I understand that a false statement or withholding of pertinent information may disqualify me from Benefits.

_____ **Date**

_____ **Applicant's Signature**

LOCAL UNION PORTION:

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 an authorized SMWIA Local representative. I also certify that all statements above and documents attached are true and correct to the best of my knowledge and belief and according to the records of the Local Union.

_____ **Date**

_____ **Local Union Representative's Signature**

**AUTHORIZATION TO OBTAIN EARNINGS DATA
FROM THE SOCIAL SECURITY ADMINISTRATION**

INSTRUCTIONS: Please complete and sign where indicated. Do not remove from application. Authorization will be mailed by Fund if data from Social Security is needed.

NAME: _____ SOCIAL SECURITY NO.: _____

DATE OF BIRTH: _____

Social Security Administration DDC
300 North Green Street
Baltimore, MD 21201

Please furnish to the Stabilization Agreement of the Sheet Metal Industry (SASMI) Trust Fund, 601 N. Fairfax Street, Alexandria, VA 22314 an itemized statement of all quarterly and annual amounts of wages reported to my record for the periods specified by that organization, and the identification numbers, names, and addresses of the reporting employers.

Date Signed

Signature of Social Security Number Holder

TO BE FILLED IN BY SASMI OFFICIAL ONLY

SOCIAL SECURITY ADMINISTRATION:

Please furnish the above information for the period of:

through

This information is to be used only to determine eligibility for benefits.

Countersignature of SASMI Fund official