

Stabilization Period \_\_\_\_\_

SASMI TRUST FUND  
8403 ARLINGTON BLVD  
SUITE 310  
FAIRFAX, VA 22031



**ADVANCE SUPPLEMENTAL UNEMPLOYMENT APPLICATION - PAYABLE DIRECTLY TO PARTICIPANT**

**PERSONAL DATA:** (Please Print All Answers)

IA No.: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Home Local Union No.: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Address: Street Address \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Initiation Date: \_\_\_\_\_

The Last Date Worked: \_\_\_\_\_ Month / Day / Year Last Employer: \_\_\_\_\_

**Please attach copies of your State Unemployment records for the previous ninety (90) days.**

***Have you been unemployed at any time in the last six (6) months due to illness or disability, vacation or strike?***

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "YES", please list the exact dates and reason: \_\_\_\_\_

**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.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

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

1. Did the applicant report to the Local Union for work referral during the Period for which benefits are sought?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Did the applicant refuse any opportunities of suitable work in the Sheet Metal Industry during the Period?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Is the applicant presently unemployed and available for employment in the Sheet Metal Industry?

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 #)