

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 FIRST BECAME AN APPRENTICE: _____ WITH LOCAL: _____

IF APPLICABLE, PLEASE INDICATE ALL DATES THE APPLICANT WAS NOT A MEMBER OF THE SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION (WITHDREW, SUSPENDED, ETC.).

PLEASE INDICATE REASON FOR QUALIFYING FOR SEVERANCE BENEFIT, DATE OF QUALIFYING EVENT, AND ATTACH THE DOCUMENTS REQUESTED:

_____ RETIRED:
1. EFFECTIVE DATE OF RETIREMENT: _____
2. ATTACH COPY OF PENSION FUND'S APPROVAL OF APPLICANT'S PENSION.

_____ DEATH:
1. DATE OF DEATH: _____
2. ATTACH COPY OF APPLICANT'S DEATH CERTIFICATE.

_____ TOTAL AND PERMANENT DISABILITY:
1. DATE THAT 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 AND TO REQUIRE THE APPLICANT TO SUBMIT TO EXAMINATION BY A PHYSICIAN OR PHYSICIANS SELECTED BY SASMI.

(over . . .)



SMWIA SEVERANCE BENEFIT APPLICATION

NO EMPLOYMENT IN THE SHEET METAL INDUSTRY, AS THAT TERM IS DEFINED IN THE SASMI RULES AND REGULATIONS, FOR A PERIOD OF TEN (10) CONSECUTIVE STABILIZATION PERIODS.

1. THE 10 CONSECUTIVE STABILIZATION PERIODS BEGAN AT THE BEGINNING OF STABILIZATION PERIOD _____ AND ENDED AT THE END OF STABILIZATION PERIOD _____.
2. SIGN THE ATTACHED FORM AUTHORIZING SASMI TO OBTAIN INFORMATION FROM THE SOCIAL SECURITY ADMINISTRATION.

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/BENEFICIARY'S SIGNATURE

LOCAL UNION PORTION:

HAS THE APPLICANT BEEN EMPLOYED WITH ANY NON-UNION SHEET METAL CONTRACTOR SINCE THE DATE OF INITIATION? _____ 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

1. DATE THAT APPLICANT WAS DETERMINED TO BE TOTALLY AND PERMANENTLY DISABLED _____

2. ATTACH ONE OR MORE OF THE FOLLOWING:

- 1. DATE OF DEATH _____
- 2. ATTACH COPY OF APPLICANT'S DEATH CERTIFICATE _____
- TOTAL AND PERMANENT DISABILITY _____
- COPY OF SOCIAL SECURITY FINDING OF PERMANENT DISABILITY _____
- COPY OF PENSION FUND'S APPROVAL OF DISABILITY BENEFIT _____
- 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 AND TO REQUIRE THE APPLICANT TO SUBMIT TO EXAMINATION BY A PHYSICIAN OR PHYSICIANS SELECTED BY SASMI.

