Stabilization Period _____

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



(Local Union #)

(Title)

PERSONAL DATA: (Please Print All Answers)				IA No.:	
Name:				Home Local Union No.:	
t tallic.	Last	First	Middle		
Addres	ss:			Social Security No.:	
	Str	eet Address		Date of Birth:	
	•			Initiation Date:	
	City	State	Zip Code		
The La	ast Date Worked:	Month / Day / Year	Last Emp	oloyer:	
		Monuit Day / Ica			
Please	attach copies of yo	ur State Unemploym	ent records for the	e previous ninety (90) days.	
Have strike		oyed at any time i	n the last six (6) i	months due to illness or disability, vacation or	
		s	N	D	
f won	ongwared "VEC"	nleace list the exact	dates and reason.		
lf you	answered "YES",	please list the exact	dates and reason:		
APPL	ICANT'S AUTHOI	RIZATION:			
APPL	ICANT'S AUTHOI	RIZATION: forth above is true and	l correct to the best	of my knowledge and belief. I understand that a false	
APPL The interestatement	ICANT'S AUTHOI formation I have set ent or the withholdin	RIZATION: forth above is true and g of pertinent informa	l correct to the best	of my knowledge and belief. I understand that a false me from benefits. I hereby authorize the SASMI Fund	
APPL The interpretation Statement Office	ICANT'S AUTHOR formation I have set ent or the withholdin to obtain, when nece	RIZATION: forth above is true and g of pertinent informa ssary, Social Security	l correct to the best	of my knowledge and belief. I understand that a false	
APPL: The interestatement Office of proc	ICANT'S AUTHOR formation I have set ent or the withholdin to obtain, when nece cessing SASMI Bene	RIZATION: forth above is true and g of pertinent informa essary, Social Security fits.	l correct to the best ation may disqualify y, Unemployment, I	of my knowledge and belief. I understand that a false me from benefits. I hereby authorize the SASMI Fund lealth and Welfare and other records for the sole purpos	
APPL: The interpretation Statement Office of process	ICANT'S AUTHOR formation I have set ent or the withholdin to obtain, when nece	RIZATION: forth above is true and g of pertinent informa essary, Social Security fits.	l correct to the best ation may disqualify y, Unemployment, I	of my knowledge and belief. I understand that a false me from benefits. I hereby authorize the SASMI Fund	
APPL: The initiatem of frice of proceuties.	ICANT'S AUTHOR formation I have set ent or the withholdin to obtain, when necessing SASMI Bene	RIZATION: forth above is true and g of pertinent informates ssary, Social Security fits.	l correct to the best ation may disqualify y, Unemployment, I Applicant's Signati	of my knowledge and belief. I understand that a false me from benefits. I hereby authorize the SASMI Fund lealth and Welfare and other records for the sole purpos	
APPL: The initiatem of frice of proceuties.	ICANT'S AUTHOR formation I have set ent or the withholdin to obtain, when nece cessing SASMI Bene	RIZATION: forth above is true and g of pertinent informa ssary, Social Security fits. (TO BE COMPLET	I correct to the best ation may disqualify, Unemployment, I Applicant's Signature BY LOCAL U	of my knowledge and belief. I understand that a false was me from benefits. I hereby authorize the SASMI Fund Health and Welfare and other records for the sole purposure:	
APPL: The initiatem of frice of proceuties.	ICANT'S AUTHOR formation I have set ent or the withholdin to obtain, when nece cessing SASMI Bene	RIZATION: forth above is true and g of pertinent informa ssary, Social Security fits. (TO BE COMPLET	I correct to the best ation may disqualify, Unemployment, I Applicant's Signature ED BY LOCAL Union for work reference.	of my knowledge and belief. I understand that a false me from benefits. I hereby authorize the SASMI Fund Health and Welfare and other records for the sole purposure: UNION OFFICIAL ONLY) Erral during the Period for which benefits are sought?	
APPL: The initiatem of frice of proceuties.	ICANT'S AUTHOR formation I have set ent or the withholdin to obtain, when nece cessing SASMI Bene	RIZATION: forth above is true and g of pertinent informations in the security of the security	I correct to the best ation may disqualify, Unemployment, I Applicant's Signature BY LOCAL U	of my knowledge and belief. I understand that a false me from benefits. I hereby authorize the SASMI Fund Health and Welfare and other records for the sole purposure: UNION OFFICIAL ONLY) Erral during the Period for which benefits are sought?	
APPL: The initiatem of frice of proceuties.	ICANT'S AUTHOR formation I have set ent or the withholdin to obtain, when nece cessing SASMI Bene L UNION DATA: 1. Did the applicar Yes	RIZATION: forth above is true and g of pertinent informa ssary, Social Security fits. (TO BE COMPLET at report to the Local U	d correct to the best ation may disqualify, Unemployment, I Applicant's Signature Dept. Union for work reference.	of my knowledge and belief. I understand that a false me from benefits. I hereby authorize the SASMI Fund Health and Welfare and other records for the sole purposure: UNION OFFICIAL ONLY) Erral during the Period for which benefits are sought?	
APPL: The initiatem of frice of proceuties.	ICANT'S AUTHOR formation I have set ent or the withholdin to obtain, when nece cessing SASMI Bene LUNION DATA: 1. Did the applican Yes 2. Did the applican	RIZATION: forth above is true and g of pertinent informations. Security fits. (TO BE COMPLET at report to the Local Unit of the Local Uni	d correct to the best ation may disqualify, Unemployment, I Applicant's Signature ED BY LOCAL Union for work reference No	of my knowledge and belief. I understand that a false of me from benefits. I hereby authorize the SASMI Fundalealth and Welfare and other records for the sole purposeure: UNION OFFICIAL ONLY) Extral during the Period for which benefits are sought? The sole purposeure in the sole purposeure in the sole purposeure.	
APPL: The initiatem of frice of proceuties.	ICANT'S AUTHOR formation I have set ent or the withholdin to obtain, when nece cessing SASMI Bene L UNION DATA: 1. Did the applicar Yes	RIZATION: forth above is true and g of pertinent informations. Security fits. (TO BE COMPLET at report to the Local Unit of the Local Uni	d correct to the best ation may disqualify, Unemployment, I Applicant's Signature Dept. Union for work reference.	of my knowledge and belief. I understand that a false me from benefits. I hereby authorize the SASMI Fund Health and Welfare and other records for the sole purposeure: UNION OFFICIAL ONLY) Erral during the Period for which benefits are sought? The sole purposeure in the sole purposeure in the sole purposeure. The sole purposeure in the so	
APPL: The initiatem of frice of proceuties.	ICANT'S AUTHOR formation I have set ent or the withholdin to obtain, when necessing SASMI Bene L. L. UNION DATA: 1. Did the applicant Yes 2. Did the applicant Yes	RIZATION: forth above is true and g of pertinent informa ssary, Social Security fits. (TO BE COMPLET at report to the Local Unit the refuse any opportunity	d correct to the best ation may disqualify, Unemployment, I Applicant's Signature TED BY LOCAL Union for work reference No	of my knowledge and belief. I understand that a false of me from benefits. I hereby authorize the SASMI Fundalealth and Welfare and other records for the sole purposeure: UNION OFFICIAL ONLY) Extral during the Period for which benefits are sought? The sole purposeure in the sole purposeure in the sole purposeure.	
APPL: The initiatem of frice of proceuties.	ICANT'S AUTHOR formation I have set ent or the withholdin to obtain, when necessing SASMI Benear I. Did the applicant Yes 2. Did the applicant Yes 3. Is the applicant	RIZATION: forth above is true and g of pertinent informations assary, Social Security fits. (TO BE COMPLET at report to the Local Unit refuse any opportunity presently unemployed	d correct to the best ation may disqualify, Unemployment, I Applicant's Signature TED BY LOCAL Union for work reference No	of my knowledge and belief. I understand that a false me from benefits. I hereby authorize the SASMI Fund Health and Welfare and other records for the sole purposeure: UNION OFFICIAL ONLY) The arral during the Period for which benefits are sought? The arrangement in the Sheet Metal Industry during the Period?	
APPL. The inistatement of process	ICANT'S AUTHOR formation I have set ent or the withholdin to obtain, when necessing SASMI Benefic AL UNION DATA: 1. Did the applicant Yes 2. Did the applicant Yes 3. Is the applicant Yes	RIZATION: forth above is true and g of pertinent informa ssary, Social Security fits. (TO BE COMPLET at report to the Local Unit trefuse any opportunt presently unemployed	d correct to the best ation may disqualify, Unemployment, I Applicant's Signature TED BY LOCAL Union for work reference No	of my knowledge and belief. I understand that a false me from benefits. I hereby authorize the SASMI Fund Health and Welfare and other records for the sole purposeure: UNION OFFICIAL ONLY) The arral during the Period for which benefits are sought? The arrangement in the Sheet Metal Industry during the Period?	

(Signature)