SASMI
Here for you now. There for you later.

Stabilization Period _____

ADVANCE UNDEREMPLOYMENT APPLICATION - MEDICAL LEAVE

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

The Last Date Worked:_____
Month / Day / Year

Last Employer: _____

Required - Attach Doctor's note or other documentation of illness, disability or medical leave for the previous sixty (60) days.

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)

I hereby certify that I am authorized to verify the above information 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 #)