Stabilization Period _____

3180 FAIRVIEW PARK DRIVE, SUITE 150
FALLS CHURCH, VA 22042

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:_____ Last Employer: _____
Month / Day / Year

Please attach copies of your State Unemployment records for the previous sixty (60) 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 #)