



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: \_\_\_\_\_

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

Last First Middle

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

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

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

Street Address

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

City State Zip Code

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 #)