**SASMI**
*Here for you now. There for you later.*

Stabilization Period _____

# ADVANCE UNDEREMPLOYMENT APPLICATION  -  MEDICAL LEAVE

**PERSONAL DATA:**  (Please Print All Answers)

Name: _____
               Last                First            Middle

Address: _____
                 Street Address

_____
        City            State        Zip Code

The Last Date Worked:_____
                     Month / Day / Year

IA No.: _____

Home Local Union No.: _____

Social Security No.: _____

Date of Birth:  _____

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 #)**