

**APPLICATION UPON PERMANENT SEPARATION FROM THE SHEET  
METAL INDUSTRY**

**Retirement, Permanent Disability, Individual Withdrawal, Forfeiture or Death**

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

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number and Street Address

\_\_\_\_\_ City State Zip Code

Social Security Number: \_\_\_\_\_ IA Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Local Union: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date (Month and Year) of Membership into SMWIA or SMART: \_\_\_\_\_

If you were ever employed by your Local Union or JATC, please provide the dates: \_\_\_\_\_

Last Employed in the Sheet Metal Industry:

\_\_\_\_\_ Employer Month & Year

**SEPARATION DATE:** \_\_\_\_\_

**CIRCLE THE APPLICABLE BASIS FOR SEPARATION:** (Refer to SASMI Rules and Regulations for eligibility requirements).

**Retirement** - Attach a copy of Pension Approval.

**Permanent Disability** - Attach a copy of Social Security or Pension determination, or other documents indicating total and permanent disability.

**Death** – Attach a copy of the death certificate and SASMI Beneficiary Designation Card

**Individual Withdrawal OR Forfeiture of Membership** - Provide name of all employers after permanent separation date and a brief job description of work performed with each employer.

**Please do not submit application PRIOR to separation date.**

**DEPENDENT INFORMATION (Spouse and child(ren) under age 27):**

Spouse: Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child 1: Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child 2: Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child 3: Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child 4: Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**\*\*\*\*\*Please attach a copy of marriage and birth certificates\*\*\*\*\***

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**APPLICANT'S AFFIRMATION:**

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.

I understand that by submitting this application I have applied for the SASMI Severance Benefit, the Health Care Reimbursement Account ("HCRA"), the Retiree Health Premium Benefit, and/or the service based HCRA.

I understand that **an application is not a guaranty of benefits and I may be eligible for all, some or none of the above listed benefits** and that I must meet the qualifications for each benefit as set out in the Rules and Regulations before that benefit will be awarded.

I also understand that no HCRA Benefit will be established if I die prior to retirement, in that situation the SASMI Death Benefit will be processed and paid to the designated beneficiary.

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Applicant's Signature**

**DIRECT DEPOSIT INFORMATION:**

Name of Bank: \_\_\_\_\_

Bank ABA Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Proof of account ownership required: For Checking Account Attach **VOIDED CHECK.**

For Savings Account Attach **BANK DOCUMENTATION-DEPOSIT SLIP**

**LOCAL UNION PORTION:**

**MEMBER NAME:** \_\_\_\_\_ **IA NUMBER:** \_\_\_\_\_

**If applicable, indicate all dates the applicant was not a member of the SMWIA or SMART (Forfeiture, Withdrawal, etc.):**

\_\_\_\_\_

Has the applicant been employed with any non-union sheet metal contractor since the date of initiation?  
**DO NOT** include any work performed under the Youth-to-Youth program or authorized by the Local Union (salted organizer).

\_\_\_\_\_ YES \_\_\_\_\_ NO

I hereby certify that I am an authorized SMWIA Local representative. I also certify that the statement above and documents attached 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 #)

## SEVERANCE BENEFITS

**QUALIFICATION REQUIREMENTS.** An Employee qualifies for benefits if all of the following conditions are met.

- (a) The Employee is eligible for Supplemental Unemployment Benefits or Underemployment Benefits on or after July 1, 1992.
- (b) The Employee has at least two (2) years of Future Service Credit before 2010.
- (c) The Employee has a Severance from work in the Sheet Metal Industry on or after July 1, 1992.
- (d) The Employee is eligible for Benefits and does not forfeit his eligibility nor his qualification for Benefits under the Plan as in effect on or before December 31, 2009 before receipt of payment other than by reason of Severance.

**PAYMENT.** Payment of the Severance benefit will be made as follows:

The Severance benefit shall be paid in a lump sum upon application after Severance ( a period of 12 months) and within twenty-four (24) months of termination of work with the Employers. Failure to apply within 24 months shall cause forfeiture.

### RETIREE HEALTH PREMIUM BENEFIT

**QUALIFICATION REQUIREMENTS.** A Retiree or his surviving Spouse qualifies for benefits under this Article if all of the following conditions are met.

- (a) The Retiree retired on or after January 1, 2002 or would have so retired but for a disability or unemployment for which a Retiree receives unemployment benefits from a State System due to work with the Employers.
- (b) At the date of Retirement, the Retiree was:
  - (1) age 50 or older with thirty (30) or more Years of Service, or
  - (2) age 62 or older with twenty-five (25) or more Years of Service.
- (c) The Retiree had at least five (5) years of Future Service Credit in the ten (10) Stabilization Periods immediately prior to Retirement.
- (d) The Retiree did not receive benefits from the Active Plan exceeding the Contributions paid for his work.
- (e) An application is filed in accordance with procedures established by the Trustees before April 1 after a Retiree attains age 70 1/2.
- (f) The Retiree
  - (i) retired before January 1, 2010 and began receiving the Retiree Health Premium under this Article III prior to January 1, 2015 and has not exhausted his benefit;
  - (ii) retired before January 1, 2010, and did not begin receiving the Retiree Health Premium under this Article III prior to January 1, 2015 and meets the other requirements of this Article III;

A Participant who did not retire before January 1, 2010 will not be eligible for a Retiree Health Premium under this Article III.

Participants who retired on January 1, 2010 or after will receive a benefit under

### Service Based HCRA

**QUALIFICATION REQUIREMENTS.** A Retiree or his surviving Spouse qualifies for Service Based HCRA under this Article IIIA if all of the following conditions are met.

- (a) The Retiree retired on or after January 1, 2010 or would have so retired but for a disability or unemployment for which a Retiree receives unemployment benefits from a State System due to work with the Employers.
- (b) At the date of Retirement, the Retiree was:
  - (1) age 50 or older with thirty (30) or more Years of Service, or
  - (2) age 62 or older with twenty-five (25) or more Years of Service.
- (c) The Retiree had at least five (5) years of Future Service Credit in the ten (10) Stabilization Periods immediately prior to Retirement or had Contributions received totaling 3500 hours in the 5 years immediately prior to retirement
- (d) The Retiree did not receive benefits from the Active Plan exceeding the Contributions paid for his work.
- (e) The Retiree is eligible for Benefits under Article II and does not forfeit his participation nor qualification for Benefits under Article V.
- (f) The Retiree has, or is eligible for, a HCRA account under Article IV of this Plan.
- (g) The Retiree and the surviving spouse have not received and are not eligible to receive Retiree Health Premium benefits under Article III
- (h) A Participant or surviving spouse must apply for the benefit on a form approved by the Fund Office no later than the later of October 1, 2015, or six months after the Participant first retired.

### DEATH BENEFIT

**QUALIFICATION.** An Employee qualifies for benefits under this Article if all of the following conditions are met.

- (a) The Employee is eligible for Active Benefits on or after January 1, 2010.
- (b) The Employee has obtained 5 years of Future Service Credit with a minimum of one (1) hour of paid Contributions after January 1, 2010. Eligible Active Employees that are/were unable to obtain 5 years of Future Service Credit due to death between January 1, 2010 and December 31, 2014 shall be deemed to have had the minimum required amount of Future Service to qualify if the Employee had at least five (5) years of Future Service Credit before 2010.
- (c) The Employee has not received Active Benefits exceeding the Contributions paid for his work.
- (d) The Employee has not received a Vacation Benefit.
- (e) Death occurs after January 1, 2010.
- (f) An application is filed within one (1) year of the Employee's death and in accordance with procedures established by the Trustees.