

SHEET METAL WORKERS LOCAL NO. 110 HEALTH FUND  
ADDENDUM TO SASMI  
HEALTH & WELFARE BENEFIT APPLICATION

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If you wish to have SASMI pay your health insurance as needed, complete this form and return to:

Sheet Metal Workers Local No. 110 Health Fund  
P.O. Box 1449  
Goodlettsville, TN 37070

SASMI cannot be billed on your behalf unless this form is completed and returned to the office.

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NAME: \_\_\_\_\_ SOC SEC#: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

APPLICATION AFFIRMATION: I hereby apply for this benefit described above. The information set forth is true and correct to the best of my knowledge and belief. I understand that a false statement or withholding of pertinent information may disqualify me from benefits. I understand that this benefit will be deducted from my underemployment benefit(s).

If further authorize Sheet Metal Workers Local No. 110 Health Fund to attach this authorization to future health and welfare applications and continue to do so until such time I notify the Fund, in writing, that I no longer want SASMI to pay my health and welfare benefits, or twelve (12) months from the date of this application, whichever is earlier.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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(For administration use only)

SASMI Application:

Effective Date: \_\_\_\_\_

Termination Date: \_\_\_\_\_