



HEALTH CARE REIMBURSEMENT ACCOUNT APPLICATION

PERSONAL DATA: (Please Print All Answers)

IA No.: _____

Name: _____
 Last First Middle
 Home Local Union No.: _____

Address: _____
 Street Address Social Security No.: _____

_____ City State Zip Code
 Date of Birth: _____
 Marriage Date: _____
 Initiation Date: _____

Last Month/Year Worked: _____ Retirement Date: _____

Please attach a copy of your Pension approval from your Local Pension Fund and/or the National Pension Fund.

HCRA benefits may be payable to, or on behalf of, a participant's spouse or dependent children. Please provide marriage and birth certificates.

Spouse: Name: _____ Social Security No: _____ Birthdate: _____ attach proof

Child 1: Name: _____ Social Security No: _____ Birthdate: _____ attach proof

Child 2: Name: _____ Social Security No: _____ Birthdate: _____ attach proof

If applicable, indicate all dates, after your initiation, when you were not a member of the Sheet Metal Workers' International Association (Withdrawn, Suspended, etc.).

My Retiree Health Insurance will be Provided by (please check all that apply):

_____ Private Insurance Carrier

Name of Carrier: _____

Address of Carrier: _____

_____ SMWIA Local Union _____ Welfare Fund

Name of Local Union Welfare Fund: _____

Address of Local Union Welfare Fund: _____

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, Health Insurance, and other records for the sole purpose of processing SASMI Benefits. I understand that I am responsible for providing SASMI with the required proof of payment(s) and/or receipt(s) and that SASMI will not issue HCRA Benefits for claims not received within two (2) calendar years. Benefits will be issued on a quarterly basis and if any of the above information changes I agree to notify the SASMI office in writing within fifteen (15) days.

Date: _____ Applicant's Signature: _____

LOCAL UNION DATA: (TO BE COMPLETED BY LOCAL UNION OFFICIAL ONLY)

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 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 #)