

Severance, Retiree Health
Health Care Reimbursement,
Service based HCRA and Death

SASMI TRUST FUND
8403 ARLINGTON BLVD., SUITE 310
FAIRFAX, VA 22031



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*******

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 #)