

Sheet Metal Workers' Pension Plan

OF SOUTHERN CALIFORNIA, ARIZONA & NEVADA

P.O. BOX 10067

MANHATTAN BEACH, CA 90266-8567

PHONE: (800) 947-4338

PHONE: (310) 798-6572

FAX: (310) 798-5092

APPLICATION FOR GRACE PERIOD DUE TO INVOLUNTARY UNEMPLOYMENT

(Please return completed form to the above address)

I am requesting a Grace Period _____, _____ to _____, _____ due to involuntary unemployment.

Name of Applicant: _____

Address of Applicant: _____

Social Security Number: _____ Local Union #: _____ I.D.#: _____

- | | | | | | |
|----|--|-----|--------------------------|----|--------------------------|
| 1. | Were you available for Sheet Metal Work during this period? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. | Were you registered on the Out of Work List with your Local Union? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. | Were you in this area during the entire period? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. | Were you working out of the trade during this period? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

IF YES; indicate who you worked for and describe your job duties:

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

(Signature)

(Date)

PLEASE HAVE THIS SECTION COMPLETED BY A LOCAL UNION OFFICIAL

- This member **WAS** registered on the Out-of-Work list during the period from _____ to _____
- This member **WAS NOT** registered on the Out-of-Work list with this Local.
- Withdrawal Card issued on _____.
- Transferred to Local _____, in the State of _____
- Other: _____

(Signature of Union Official)

DATE

Local Union #

NOTE: ATTACH COPY OF WORK HISTORY CARD.

Revised 03-2016