



SHEET METAL WORKERS' LOCAL 7-ZONE 3 BENEFIT FUNDS

P.O. Box 547
Troy, MI 48099-0547
(248) 641-4973 (800) 451-5733



STATEMENT OF APPLICATION RECEIPT

(Married participants ONLY)

In order to comply with Federal Regulations related to the 30-day waiver form (enclosed with this application), the Fund Office must have a statement from you indicating the date you received an explanation of your benefit options.

Please indicate the date you received this application packet: _____

Your Signature: _____

