



**SHEET METAL WORKERS LOCAL 292
FRINGE BENEFIT FUNDS**

P.O. Box 189

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APPLICATION FOR BIRTH/ADOPTION SUB BENEFIT

Name: _____

Soc. Sec. No.: _____ Date of Birth: _____

Address: _____

Telephone Number: _____

Name of Employer at the time birth/adoption commenced: _____

Birth/Adoption SUB Benefit Information:

Last date of work before birth/adoption: _____

Date of birth/adoption: _____

The Following information is required by the Fund Office for processing your claim:

- 1. The above application must be completed.**
- 2. Copy of birth certificate or letter of placement for adoption that includes reference to the Participant as parent/adoptive parent.**
- 3. Note from current employer verifying dates on which work was missed.**

Signature of Applicant: _____ Date: _____