



BACKGROUND CLAIM INQUIRY FORM - UPGRADE ONLY

Background Actors Department - Los Angeles
Backgroundactorsclaims@sagaftra.org

New York
SAG-AFTRA
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| <u>Check Possible Upgrade:</u> <input type="checkbox"/> Dialogue <input type="checkbox"/> Singer/Dancer <input type="checkbox"/> Stunt PLEASE ATTACH PHOTO AND COPIES OF VOUCHER AND PAYSTUB | <u>Production Type:</u> <input type="checkbox"/> Television <input type="checkbox"/> Promo <input type="checkbox"/> Theatrical <input type="checkbox"/> New Media |
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| | |
|-------------|-------------------|
| Name: | Social Security#: |
| Address: | |
| Home Phone: | Cell: |
| Email: | |

| | |
|-------------------|-----------------------|
| Production Title: | Production Company: |
| Employment Date: | Gross Wage Received: |
| Casting Agency: | Casting Agency Phone: |

Dialogue or Stunt you were **DIRECTED** to do?

Who directed you to speak dialogue, perform a stunt or professional dancing/singing?
 Director Asst. Director Producer Production Mgr.
 Were you mic'd? Yes No
 Scene No. _____ Take No. _____ How Many Takes? _____ Time of Upgrade _____

DESCRIPTION OF SCENE: (Include what you were wearing and where you were placed. Please be specific). If more space needed, please use back of form.

I hereby swear that the above statement is true and correct.

Signed: _____ Member # _____

THIS CLAIM MUST BE FILLED OUT COMPLETELY OR IT WILL NOT BE PROCESSED