



BACKGROUND CLAIM INQUIRY FORM - UPGRADE ONLY

Background Actors Department - Los Angeles
SAG-AFTRA
5757 Wilshire Blvd, 7th Floor, Los Angeles, CA 90036
(P) 323-549-6811 (F) 323-549-6460
Backgroundactorsclaims@sagaftra.org

New York
SAG-AFTRA
1900 Broadway, New York, NY 10023
(P) 212 944-1030 (F) 212 944-6774

<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