



**BACKGROUND CLAIM INQUIRY FORM**

Background Actors Department- Los Angeles  
[Backgroundactorsclaims@sagaftra.org](mailto:Backgroundactorsclaims@sagaftra.org)

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

Date Today: _____ Date Worked: _____ Date Check Rec'd: _____ PLEASE ATTACH COPY OF VOUCHER AND PAYSTUB (If not attached, please explain why)	<b>Production Type:</b> Television    Promo    Theatrical    New Media
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*TV/TH claims **must** be filed with SAG within 25 days of occurrence*

Performer's Name:	Social Security #
Address:	
Home Phone:	Cell:
Email:	Member #:

Production Title:	Production Company:
Employment Date:	Payroll Co:
Casting Agency:	Casting Agency Number #

DESCRIPTION OF CLAIM: (Please print or type. If more space is needed please use back of form).


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

Signed \_\_\_\_\_

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

<b>FOR OFFICE USE ONLY:</b>	
Claim #: _____	Assigned to:
Signatory Number:	Production Number:
Signatory Contact:	Production Contact:
Signatory Phone Number:	Production Phone Number:
Signatory Email/Fax#:	Production Email/Fax#:
Signatory Address:	Production Address: