



BACKGROUND CLAIM INQUIRY FORM

Background Actors Department- Los Angeles

SAG-AFTRA

5757 Wilshire Blvd., 7th Fl, 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 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)	<u>Production Type:</u> 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

FOR OFFICE USE ONLY:	
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: