



# BACKGROUND CLAIM INQUIRY FORM

Background Actors Department- Hollywood  
 Screen Actors Guild  
 5757 Wilshire Blvd, Los Angeles, CA 90036  
 Phone: 323-549-6811 FAX: 323-549-6460  
[www.sag.org](http://www.sag.org)

New York Branch  
 Screen Actors Guild  
 360 Madison Ave., 12<sup>th</sup> Floor New York, NY 10021  
 Phone: 212 944-1030 FAX: 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> <input type="checkbox"/> Television <input type="checkbox"/> Promo <input type="checkbox"/> Theatrical
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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: <input type="checkbox"/> DI <input type="checkbox"/> DB <input type="checkbox"/> AD
Signatory Number:	Production Number:
Signatory Contact:	Production Contact:
Signatory Phone Number:	Production Phone Number:
Signatory Email/Fax#:	Production Email/Fax#:
Signatory Address:	Production Address: