



**BACKGROUND CLAIM INQUIRY FORM**

**Background Actors Department- Los Angeles**  
 SAG-AFTRA  
 5757 Wilshire Blvd., 7<sup>th</sup> Fl, Los Angeles, CA 90036  
 Phone: 323-549-6811 FAX: 323-549-6460  
[www.SAGAFTRA.org](http://www.SAGAFTRA.org)

**New York**  
 SAG-AFTRA  
 1900 Broadway, New York, NY 10023  
 Phone: 212 944-1030 FAX: 212 944-6774

<b>Date Today:</b> _____ <b>Date Worked:</b> _____ <b>Date Check Rec'd:</b> _____ <b>PLEASE ATTACH COPY OF VOUCHER AND PAYSTUB</b> <i>(If not attached, please explain why)</i>	<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*

<b>Performer's Name:</b>	<b>Social Security #</b>
<b>Address:</b>	
<b>Home Phone:</b>	<b>Cell:</b>
<b>Email:</b>	<b>Member #:</b>

<b>Production Title:</b>	<b>Production Company:</b>
<b>Employment Date:</b>	<b>Payroll Co:</b>
<b>Casting Agency:</b>	<b>Casting Agency Number #</b>

<b>DESCRIPTION OF CLAIM:</b> (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: