

**SOUTHWEST MULTI-CRAFT HEALTH & WELFARE TRUST FUND  
SAFETY INCENTIVE PROGRAM**

**SAFETY INCENTIVE AWARD APPLICATION**

**YOU ARE RESPONSIBLE FOR RETURNING THIS APPLICATION TO THE ADMINISTRATIVE OFFICE**

**NO LATER THAN OCTOBER 17, 2022**

**PART 1 – REQUIREMENTS**

The full Plan Rule is available at [www.ssatpa.com](http://www.ssatpa.com) (<https://www.ssatpa.com/member-services/group-page/NMC>); Please review it carefully.

**PART 2 – VERIFICATION OF REQUIRED CORE CLASSES AND ADDITIONAL SAFETY CLASSES**

You may attach a copy of your certificate of completion or your training course card to this application for each of the Required Core Classes and Additional Safety Classes that you attended between September 1, 2021 and August 31, 2022 and/or the OSHA course attended between September 1, 2019 and August 31, 2022.

**PART 3 – EMPLOYEE INFORMATION**

If the mailing address listed below is different than what Southwest Multi-Craft has on file, would you like your address to be updated? Circle: Yes No

**\*\*Required Field\*\***

**\*\*I am an: (please circle one option below)**

Apprentice

Journeyman

**Last Name\*\***

**First\*\***

**Middle Initial**

**Mailing Address\*\***

**Apt #**

**City**

**State**

**Zip**

**Social Security Number (Last 4 digits) \*\***

**Telephone Number\*\***

**Local Union\*\***

**Email Address\*\***

**PART 4 - EMPLOYER INFORMATION**

\*\*Please list all your Employer(s) between September 1, 2021 and August 31, 2022.

\_\_\_\_\_  
\_\_\_\_\_

**PART 5 - CERTIFICATION OF NO FORMAL SAFETY VIOLATIONS**

Have you had any Formal Safety Violations (to include: written reprimand, suspension, demotion or termination) between September 1, 2021 and August 31, 2022 **Circle: Yes No**

**If yes**, please provide a brief explanation of the Formal Safety Violation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If yes**, who was your Employer at the time of the violation? \_\_\_\_\_

**Please note that the Fund Office will request that every employer provide a list of its employees who had a Formal Safety Violation during the Plan Year.**

**PART 6 - EMPLOYEE VERIFICATION.**

I certify that the information in this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
Employee Signature\*\*

\_\_\_\_\_  
Date\*\*

**YOU ARE RESPONSIBLE FOR REMITTING AND VERIFYING THE FUND OFFICE HAS RECEIVED YOUR APPLICATION NO LATER THAN OCTOBER 17, 2022.**

**IF YOU SUBMIT YOUR APPLICATION TO A LOCAL UNION, A TRAINING PROGRAM OR AN EMPLOYER AND THE FUND OFFICE DOES NOT RECEIVE IT BY OCTOBER 17, 2022, YOU WILL NOT RECEIVE ANY CREDIT TOWARD AN AWARD.**

**SUBMIT YOUR COMPLETED APPLICATION AND PROOF OF CLASSES TO:  
SOUTHWEST SERVICE ADMINISTRATORS, INC.**

2300 BUENA VISTA SE, SUITE 127  
ALBUQUERQUE, NM 87106  
PHONE (505) 265-8422 OR (800) 432-6636  
FAX: (505) 266-9358  
[WWW.SSATPA.COM](http://WWW.SSATPA.COM)