

# L.I.U.N.A. LOCAL 1059 BENEFIT TRUST

## CLAIM FORM FOR BEREAVEMENT BENEFIT

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### INSTRUCTIONS TO MEMBERS:

1. Complete Part A.
2. **HAVE YOUR EMPLOYER COMPLETE PART B.**
3. Either mail the completed form to: GLOBAL BENEFITS  
88 ST. REGIS CRESCENT SOUTH  
TORONTO, ON M3J 1Y8  
or email to: [benefits@globalben.com](mailto:benefits@globalben.com)

### PART A - TO BE COMPLETED BY MEMBER

MEMBER'S NAME: \_\_\_\_\_

DATE OF BIRTH: DAY (\_\_\_\_) MONTH (\_\_\_\_) YEAR (\_\_\_\_)

MEMBER'S SOCIAL INSURANCE NO. \_\_\_\_\_

MEMBERS ADDRESS: \_\_\_\_\_  
APT. # STREET NAME

\_\_\_\_\_  
CITY POSTAL CODE

\_\_\_\_\_  
PHONE NUMBER

NAME OF DECEASED FAMILY MEMBER: \_\_\_\_\_

RELATIONSHIP TO MEMBER: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_ DATE OF FUNERAL: \_\_\_\_\_

CITY/TOWN AND COUNTRY WHERE FUNERAL WAS HELD: \_\_\_\_\_

NUMBERS OF DAYS EARNINGS WERE LOST: \_\_\_\_\_

**Maximum 3 working days (excluding weekends) between the date of death and the date of the funeral.**

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I hereby claim the bereavement benefit payable to me by the L.I.U.N.A. Local 1059 Benefit Trust and declare that the information given above is true and accurate. I understand that proof of death may be requested by the Administrator in order to process this claim.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MEMBERS SIGNATURE

NOTE: Bereavement Benefit is a wage replacement benefit and as such is a taxable income for which you will receive a T4A.

**PART B — TO BE COMPLETED BY THE EMPLOYER**

MEMBER'S NAME: \_\_\_\_\_ MEMBER'S S.I.N. \_\_\_\_\_

LAST DATE AT WORK BEFORE INTERRUPTION: \_\_\_\_\_

FIRST DATE AT WORK AFTER INTERRUPTION: \_\_\_\_\_

NUMBER OF DAYS WORK LOST BECAUSE OF INTERRUPTION: \_\_\_\_\_

MEMBER'S BASIC HOURLY RATE: \$ \_\_\_\_\_

NOTE: The maximum benefit payable shall be \$150.00 a day for each day that the member is absent from work up to the maximum of three (3) consecutive days (excluding weekends) between the date of death and the date of the funeral.

I hereby declare that the above member suffered loss of earnings by interruption of the employment otherwise available to and normally performed by him, to the extent indicated above.

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED REPRESENTATIVE AND TITLE  
PLEASE PRINT NAME BELOW

PHONE # \_\_\_\_\_

DATE: \_\_\_\_\_

**An immediate family-member is:**

- Your spouse
- You or your Spouse's parents
- You or Your Spouse's grandparents
- You or your Spouses child
- Your brother or sister

**NOTE:** Benefits are payable for days that you are absent from work ONLY and are not payable for periods of unemployment.

No payment shall be made for lost time following the date of the funeral unless the Member is required to travel for the purpose of attending the funeral.