

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

CLAIM FORM FOR BEREAVEMENT BENEFIT

INSTRUCTIONS TO MEMBERS:

1. Complete Part A.
2. **HAVE YOUR EMPLOYER COMPLETE PART B.**
3. Either mail the completed form to: GLOBAL BENEFITS
191 THE WEST MALL, SUITE 901
ETOBICOKE, ON M9C 5K8
or fax the completed form to: 416-635-6464

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.

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.