

**Labourers' International Union of North America
Local 1059 Benefit Trust Fund**

A GENERAL INFORMATION

Active members who wish to spend time with their family immediately following the birth of a biological or newly adopted child(ren) may be eligible to receive parental leave benefits. This benefit is provided to members (not dependents) who had loss of earnings up to 3 consecutive business days. Benefits are payable for days that you are absent from work only and not for periods of unemployment. Members making pay-direct contributions at the time of birth or adoption are not entitled to this benefit. Parental leave benefit payments are taxable and you will receive a T4A from Global Benefits.

To be eligible for this benefit you must:

- Be absent from work immediately following the birth of your child or the date on which your child was placed with you by an adoption agency
- Submit a temporary Health Card from the hospital or a birth certificate or adoption papers along with this claim form
- Submit an updated Group Benefits Enrolment and Beneficiary Designation Form which is available from the Union Office or Global Benefits

B TO BE COMPLETED BY PLAN MEMBER

Full Name		Social Insurance Number	Phone Number
Address		City	Province Postal Code
Name of Biological/Adopted Child (1)	Date of Birth of Biological Child (yyyy-mm-dd)	Date of Adoption (yyyy-mm-dd)	
Name of Biological/Adopted Child (2)	Date of Birth of Biological Child (yyyy-mm-dd)	Date of Adoption (yyyy-mm-dd)	
Number of Work Days Lost	Signature of Plan Member	Date (yyyy-mm-dd)	

C TO BE COMPLETED BY EMPLOYER

Employee Name		Company Name	
Name of Authorized Representative		Title of Authorized Representative	
Last Date at Work Before Interruption (yyyy-mm-dd)	First Date at Work After Interruption (yyyy-mm-dd)	Number of Work Days Lost by the Employee	

I hereby declare the above named Employee had loss of earnings by interruption of the employment otherwise available and normally performed by him or her, to the extent indicated above.

Phone Number of Authorized Representative	Signature of Authorized Representative	Date (yyyy-mm-dd)
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Benefits Administered by



Submit this form and supporting documents by mail to:

Global Benefits
191 The West Mall, Suite 901
Etobicoke, ON M9C 5K8

OR

Email this form and supporting documents to:

benefits@globalben.com