Millwrights Local 2736 Health Benefits Plan

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BEREAVEMENT LEAVE CLAIM FORM

Benefits are payable to any member covered on an employer-paid Full Plan (not on self-pay) who is employed at the time of the bereavement leave. The Plan will compensate up to a maximum of three (3) days leave from work based on hours scheduled at 75% of the Dispatched Rate.

Member Name	**Member Number**
Address (street number and name)	**Phone Number**

City	**Province**	**Postal Code**

☐ *Check box if this is a new address*

Bereavement leave is available in the event of the death of a member's immediate family. **Proof of death is required; please include a copy of the obituary or death certificate with the claim.**

Name of Deceased	**Date of Death**

Relationship of Deceased to Member	☐ Spouse (married or common-law)	☐ Child
	☐ Father	☐ Mother
	☐ Father-in-law	☐ Mother-in-law
	☐ Brother	☐ Sister
	☐ Grandfather	☐ Grandmother

You must have been working at the time of bereavement leave. Please complete the details of your employment and have your supervisor sign below.

Employer's Name	**Phone Number:**
Date(s) of Absence (mm/dd/yy)	

Name of Supervisor	**Signature of Supervisor**	**Date Signed**

I certify that all the information on this claim form is correct. I consent to the Millwrights' Local 2736 Health Benefits Plan ("the Plan") using this personal information to adjudicate my claim. I understand that the Plan may contact the employer I have listed on this claim form to verify my employment.

Signature of Member **Date Signed**

Note: Bereavement Leave is taxable income; you will receive a T4A slip for "other income" which must be included as income on your tax return for the calendar year it is received.

Please return the completed form and the proof of death to the Plan Office at the above address, or to the Union.

FOR UNION OFFICE USE ONLY

Compensation rate:	
Number of straight time equivalent hours pay missed:	
Signature of Authorized Official:	Date:

FOR PLAN OFFICE USE ONLY

Plan Administrator:	
Employer paid full plan: ☐ Y ☐ N	
Cheque total:	Date: