

**CLAIM FORM FOR BEREAVEMENT BENEFIT****INSTRUCTIONS TO MEMBERS:**

1. Complete **Part "A"**.
2. Have your **EMPLOYER** complete and sign **Part "B"**.
3. Send the completed form to:

Global Benefits
88 St. Regis Crescent South
Toronto, Ontario M3J 1Y8
(416) 635-6000

Part A - To be completed by Member claiming BEREAVEMENT BENEFIT

Member's Name: _____

Local Union: _____

Date of Birth: Day [] Month [] Year []

Member's Social Insurance #: [- -]

Member's Address: _____

_____ Postal Code: _____

Name of Deceased Family Member: _____

Relationship to Member: _____

Date of Death: _____

Date of Funeral: _____

City or Town where Funeral held: _____

Number of Days Earnings Lost: _____

MAXIMUM 3 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 Labourers' Union Local 506 Construction Division/E.D.A.C. Employee 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.

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

Member's Signature_____
Date

CLAIM FORM FOR BEREAVEMENT BENEFIT

PART B - To be completed by Employer

Member's Name: _____ SIN# [____ - ____ - ____]

Last Date at Work before interruption: _____

First Date at Work after interruption: _____

Number of days work lost because of interruption: _____

Member's usual basic hourly rate: \$ _____

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.

NOTE: The Maximum Benefit payable shall be \$150 a day for each day that the member is absent from work up to the maximum of 3 days (excluding weekends) between the date of death and the date of the funeral.

Name of Company

Signature of Authorized Representative and Title

Telephone Number

Date

Immediate family is defined as the Plan Member's spouse, son, daughter, mother, father, brother, sister, grandfather, grandmother, mother-in-law, father-in-law.

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.