



LABOURERS' INTERNATIONAL UNION
OF NORTH AMERICA
LOCAL 837

CLAIM FOR BEREAVEMENT

Instructions to member:

1. Complete Part "A"
2. Have your employer complete and sign part "B"
3. Provide death certificate - Attendance letter from funeral home **will not** be accepted
4. Return the completed forms and death certificate to:

LiUNA Local 837
44 Hughson St South
Hamilton, ON L8N 2A7

The maximum benefit payable shall be \$150.00 per day up to a maximum of 3 days (excluding weekends) between the date of death and the date of the funeral. An additional day's payment may be available to those who are required to travel to attend the funeral.

Part A- To be completed by member

Member's Name: _____

Member's SIN: _____

Member's Address: _____

Member's Contact #: _____

Name of Deceased Family Member: _____

Relationship to Member: _____

Date of Death: _____ Date of Funeral: _____

Note: The bereavement benefit is taxable income for which you will receive a T4A

I hereby claim the bereavement benefit payable to me by the Labourers' Union Local 837 Benefit Trust, and declare that the information is true.

Member's Signature

Date

Part B- To be completed by employer

Member's Name: _____

Member's SIN: _____

Last date worked **before** family death: _____

First date worked **after** family death: _____

Number of days absent from work due to family death/funeral: _____

I hereby declare that the above member suffered loss of earnings due to noted family death/funeral for the period indicated above.

Name of Company

Signature & Title of Authorized Representative

Contact Number

Date

Please note that the bereavement benefit is only payable for the death/funeral of immediate family members. Immediate family is defined as the member's spouse, son, daughter, mother, father, brother, sister, grandparent, mother-in-law, father-in-law, sister-in-law and brother-in-law.