## **Instructions to member:**

- 1. Complete Part õAö
- 2. Have your Employer complete and sign Part õBö
- 3. Obtain an official Death Certificate (or copy) from the Funeral Home.
- 4. Send the completed forms and Death Certificate to:

LIUNA Local 837 Benefits 44 Hughson Street South Hamilton, Ontario L8N 2A7 (905) 529-1116

## Part A ó To be completed by member claiming BEREAVEMENT BENEFIT

Memberøs Name:	
Member  Social Insurance No.:	
Member  Address:	
Member  Phone No.:	
Name of Deceased Family Member:	
Relationship to Member:	
Date of Death:	
Date of Funeral:	
City or Town where Funeral held:	
funeral)	EFIT payable to me by the Labourers' Union
NOTE: Bereavement Benefit is a wage taxable income for which you will rece	e replacement benefit and as such is a ive a T4A.
Memberøs Signature	Date

NOTE: The maximum Benefit payable shall be \$150.00 a day for each day the member is absent from work up to a maximum of 3 days (excluding weekends) between the date of death and the date of the funeral.

PART B ó To be completed by Employ	yer.
Memberøs Name:	SIN:
Last Date at Work before family death_	
First Date at Work after family death	
Number of days work lost because of int	terruption
	suffered loss of earnings by interruption of the ise available to and normally performed by him,
Name of Company	Signature of Authorized Representative and Title
Telephone Number	Date
· ·	Plan Member's spouse, son, daughter, dfather, grandmother, mother-in-law, father- law.

Note: Benefits are payable ONLY for days that you are absent from work due to the death of a family member and are not payable for periods during which you are unemployed or for weekends.

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, in which case one additional days payment may be available.