

LABOURERS' INTERNATIONAL UNION OF NORTH AMERICA LOCAL 837

Effective January 1, 2024

CLAIM FOR BEREAVEMENT

Instructions to member:

1. Complete Part "A"

Part A- To be completed by member.

- 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 837 170 Jackson St. East Hamilton, ON L8N 1L4

The maximum benefit payable shall be \$200.00 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.

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 the Payroll Officer of the company:

Member's Name:	
Member's SIN:	
Please list <i>unpaid</i> day(s) absent from work days allowed between the Date of Death an weekends):	due to family death/funeral (maximum of 3 nd the Date of Funeral NOT including
DAY 1:	
DAY 2:	
DAY 3:	
Did the Member have to travel out of the Provin Dates travelled	nce/Country for the funeral? YES NO
I hereby declare that the above mem	
Name of Company (Please Print)	Name & Title of Payroll Officer (Please Print)
Contact Number	Signature of Payroll Officer
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.