



LABOURERS' INTERNATIONAL UNION OF
NORTH AMERICA
LOCAL 837

Effective January 1, 2026

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
301-27 Jackson St. East
Hamilton, ON L8P 2Y9

*The maximum benefit payable shall be \$250.00 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 the Payroll Officer of the company:

Member's Name: _____

Member's SIN: _____

Please list *unpaid* day(s) absent from work due to family death/funeral (maximum of 3 days allowed between the Date of Death and the Date of Funeral NOT including weekends):

DAY 1: _____

DAY 2: _____

DAY 3: _____

Did the Member have to travel out of the Province/Country for the funeral? **YES** _____ **NO** _____
Dates travelled _____

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 (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.