



Bereavement Pay Eligibility

If you suffer the loss of an eligible family member, you may be eligible to receive Bereavement Pay from the Plan, for attending funeral or religious services, upon proof of loss of time from work and regular earnings.

To be eligible for this benefit you must:

- **Be actively working at the time the bereavement occurs.**
- **Be a full active member as defined in our group benefit plan.**
- **Provide a letter from your employer advising the last day worked and the days you did not work as a result of the bereavement and that you were employed at the time of death confirming your absence.**
- **Provide proof of loss of wages in the form of pay stub**
- **Provide an original death certificate, or statement of death from the funeral home, or advising of the name and date of death of your family member. In some instances a public declaration of death can be provided as proof.**

Bereavement benefits will be payable for the loss of the following family members:

- **Spouse**
- **Child, Step Child**
- **Parent, Parent in law**
- **Siblings**

***PLEASE NOTE: Bereavement Pay is a taxable income and a T4A will be issued.**



BEREAVEMENT LEAVE

A. Member Information (Please Print)

<i>Last Name</i>	<i>First Name</i>	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
<i>Address</i>		<i>Date of Birth</i>	<i>m / d / y</i>	
<i>City</i>	<i>Province</i>	<i>Postal Code</i>	<i>Social Insurance Number (SIN)</i>	
<i>Country</i>		<i>Union ID No.</i>		
<i>Email Address</i>		<i>Cell No.</i>		
<i>Marital Status</i>	Married <input type="checkbox"/> Common-Law <input type="checkbox"/>	Single <input type="checkbox"/> Separated <input type="checkbox"/>	Divorced <input type="checkbox"/> Widow <input type="checkbox"/>	<i>Telephone No.</i>

I was unable to attend work on the _____ of _____
(List Days) (Month / Year)

On the dates listed above, I was working for _____ and I **did not receive** any reimbursement for lost wages.
(Name of Company)

B. Bereavement

Bereavement (\$150 per day to a maximum of 3 consecutive days) *Note: This is taxable income and a T4A will be issued

I was away from work to attend the funeral of _____, my _____.
(Name) (Relationship)

C. Member Disclosure Authorization

Please attach a photocopy of the death certificate or public declaration of death AND a letter from your employer/ payroll department on company letterhead confirming your last day of work prior to the death and the days absent from work.

Member Signature: _____ Date: _____

PLEASE SUBMIT COMPLETED CLAIM TO:

LIUNA LOCAL 493 WELFARE TRUST ADMINISTRATION
584 Clinton Ave
SUDURY ON P3B 2T2
705-674-2515/1-877-493-7770