



## **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 a copy of the public declaration of death showing relationship (obituary).**

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

- **Spouse**
- **Child, Step Child**
- **Parent, Step 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 (\$200 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 due to bereavement of \_\_\_\_\_, my \_\_\_\_\_.  
*(Name)* *(Relationship)*

### C. Member Disclosure Authorization

**Please attach a photocopy of the public declaration of death indicating relationship 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  
705-805-5601/1-855-942-9937  
benefits493@liunalocal493.ca