

CLAIM FOR BEREAVEMENT BENEFIT

PART B - To be completed by Employer

Member's Name: .....

Last Date at Work before interruption: .....

First Date at Work after interruption: .....

Number of days' work lost because of interruption: .....

Member's usual basic hourly rate: \$.....

I hereby declare that the above member suffered loss of earnings by interruption of the employment otherwise available to and normally performed by him, to the extent indicated above.

NOTE: The Maximum Benefit payable shall be \$150 a day for each day that the member is absent from work up to the maximum of 3 days, excluding weekends.

..... Name of Company ..... Signature of Authorized Representative and Title

..... Telephone Number ..... Date

Immediate family is defined as the Plan Member's spouse, son, daughter, mother, father, brother, sister, grandfather, grandmother, mother-in-law, father-in-law.

NOTE: Benefits are payable for days that you are absent from work ONLY and are not payable for periods of unemployment.

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.

LABOURERS' MULTI-LOCAL WELFARE TRUST FUND OF ONTARIO  
CLAIM FORM FOR BEREAVEMENT BENEFIT

INSTRUCTIONS TO MEMBER:

1. Complete Part "A".
2. Have your EMPLOYER complete and sign Part "B".
3. Send the completed form to:

**GLOBAL BENEFITS**

88 ST. REGIS CRESCENT SOUTH  
TORONTO, ONTARIO, M3J 1Y8

**PART A - To be completed by Member claiming Bereavement Benefit**

Member's Name: .....

Local Union: .....

Member's Social Insurance No.: .....

Member's Address: .....

.....

Postal Code: .....

Name of Deceased Family Member: .....

Relationship to Member: .....

Date of Death: .....

Date of Funeral: .....

City or Town where Funeral held: .....

Number of Days Earnings Lost: .....

MAXIMUM 3 days (excluding weekends) between the date of death and the date of the funeral.

I hereby claim the Bereavement Benefit payable to me by the Labourers' Multi-Local Welfare Trust Fund of Ontario and declare that the information given above is true and accurate. I understand that proof of death may be requested by the Administrator in order to process this claim.

Date: .....

.....

Member's Signature