



JURY DUTY BENEFITS CLAIM FORM

Administrator:

Global Benefits

T. (416) 635-6000

T. 1-(800)-663-4500

F. (416) 635-6464

E. grouplegal@globalben.com

PART A - TO BE COMPLETED BY THE PLAN MEMBER

Plan Member's Name: _____ Social Insurance Number: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Local Union: _____

Phone Number: (_____) _____ Email: _____
area code

Number of days earnings were lost: _____

Court in which you served: _____

Plan Member's Signature: _____ Date: _____
(mm/dd/yy)

I hereby claim that the jury duty benefit is payable to me by the Group Legal Trust Fund and declare that the information given above is true and accurate.

PART B - TO BE COMPLETED BY THE EMPLOYER

Employee's Name: _____

Last date at work before interruption: _____

First date at work after interruption: _____

Number of work days lost due to interruption: _____

Employee's basic hourly rate: \$ _____

Company name: _____

Name of authorized representative: _____

Representative's Signature: _____ Date: _____
(mm/dd/yy)

I hereby declare that the above named employee suffered loss of earnings due to an interruption in employment while otherwise available and normally performed by the employee, to the extent indicated above.

THIS FORM MUST BE SUBMITTED WITH PROOF OF ATTENDANCE OUTLINING THE DAYS ATTENDED, PROOF OF THE PER DIEM ALLOWANCE PAID BY THE COURT OR THE SHERIFF'S LETTER.

Mail this form to:

Email this form to:

Global Benefits
901-191 The West Mall
Toronto, ON M9C 5K8

grouplegal@globalben.com

ALL SHADED AREAS OF THE CLAIM FORM MUST BE COMPLETED.