



Marble, Tile & Terrazzo Union Local 2 Benefit Trust Fund

A GENERAL INFORMATION

Instructions to the members:

1. Complete Part B of the this form
2. Have your Employer complete Part C
3. Mail or Email to Global Benefits at the addresses on the bottom of this form.

Eligibility:

1. Be a member in good standing with the Local
2. Be in Benefit at the time the claim is incurred

B TO BE COMPLETED BY PLAN MEMBER

Full Name		Social Insurance Number	Phone Number
Address		City	Province Postal Code
Member's Date of Birth (yyyy-mm-dd)	Court in which Jury Duty was served:	Number of days Earning Lost:	
Total Per diem Paid by the courts (Excluding Weekends)	Date (yyyy-mm-dd)	Members Signature:	

NOTE: Jury Duty Benefit is a wage replacement benefit and as such is Taxable income for which you will receive a T4A. Benefits are payable for days that you are absent from work ONLY and are not payable for periods of unemployment.

C TO BE COMPLETED BY EMPLOYER

Employee Name and Basic Hourly Rate:		Company Name	
Name of Authorized Representative		Title of Authorized Representative	
Last Date at Work Before Interruption (yyyy-mm-dd)	First Date at Work After Interruption (yyyy-mm-dd)	Number of Work Days Lost by the Employee	

I hereby declare the above named Employee had loss of earnings by interruption of the employment otherwise available and normally performed by him or her, to the extent indicated above.

Phone Number of Authorized Representative	Signature of Authorized Representative	Date (yyyy-mm-dd)
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Benefits Administered by

Mail this form to:

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

OR

Email this form to:

benefits@globalben.com