

# JURY DUTY BENEFITS CLAIM FORM

Group Legal Department  
(416) 635-6000

## 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 claim to:**

**Global Benefits  
The Defenders Group  
88 St. Regis Crescent South  
Toronto, ON M3J 1Y8**

**ALL SHADED AREAS OF THE CLAIM FORM MUST BE COMPLETED.**