BEREAVEMENT LEAVE CLAIM FORM

Bricklayers and Stonemasons Union Local No. 2 (Ontario) Employee Benefit Trust Fund

A GENERAL INFORMATION

In the event of a death in the Member's immediate family, an eligible Active Member may be entitled to receive bereavement leave benefit payment. Immediate family shall be defined as the Member's spouse, son, daughter, mother, father, brother, sister, grandfather, grandmother, grandchildren, mother-in-law, father-in-law and grandparents. This benefit is provided to Members (not dependents) who had loss of earnings up to 3 consecutive days (excluding weekends) for attending and/or arranging the funeral. The maximum benefit payable shall be $150 a day for each day that the Member is absent from work only and not for periods of unemployment.

To be eligible for this benefit a Member must have been in benefit on the date of death. Members making pay-direct contributions at the time of death are not entitled to this benefit. No payment will 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.

Bereavement leave benefit payment is taxable and you will receive a T4A from Global Benefits.

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)	Name of Deceased Family Member	Relationship to Member

Date of Death (yyyy-mm-dd)	Date of Funeral	City/Country of Funeral

Number of Work Days Lost	Signature of Plan Member	Date (yyyy-mm-dd)

C TO BE COMPLETED BY EMPLOYER

Employee Name	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)

Benefits Administered by

GLOBAL BENEFITS

Mail this form to:

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

OR

Email this form to:

benefits@globalben.com