

BRICK & ALLIED CRAFT UNION OF CANADA  
LOCAL 2, TORONTO/BARRIE, ONTARIO

APPLICATION  
LOCAL SICK BENEFIT FUND

Date: \_\_\_\_\_

NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

PHONE# \_\_\_\_\_

DATE JOINED LOCAL #2 \_\_\_\_\_

DUES PAID TO \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_

OR NAME ON LIST (DATE) \_\_\_\_\_

1<sup>ST</sup> DAY SICK \_\_\_\_\_

LAST DAY SICK \_\_\_\_\_

NATURE OF ILLNESS \_\_\_\_\_

NAME OF PHYSICIAN \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PHONE# \_\_\_\_\_

FAX# \_\_\_\_\_

ARE YOU RECEIVING W.C.B. BENEFITS FOR THIS CLAIM? \_\_\_\_\_

HAVE YOU RECEIVED THESE BENEFITS IN THE PAST 12 MONTHS? \_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT IN DETAIL

SIGNATURE OF APPLICANT \_\_\_\_\_

**\*NOTE\***: You must submit a separate current doctor's note with each application, as Per Regulation #4 and #15 governing the Local Sick Benefit Fund.

**\*OFFICE USE ONLY\***

Committee Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_ No. of weeks \_\_\_\_\_