

BEREAVEMENT WAGE LOSS BENEFIT REIMBURSEMENT FORM

Administered by: Local 213 Electrical Workers' Welfare Plan
1424 Broadway Street Port Coquitlam, B.C. V3C 5W2 (604) 571-6545

Members Name: _____

Pacific Blue Cross No#: _____

Address: _____

Name of company you are working for: _____

Employer Payroll Administrator: _____

Dates off: From: _____ To: _____

Payroll Administrator Signature verification of days not paid: _____

Deceased Family Member: _____

*(A COPY OF THE Death Certificate/Obituary **MUST** BE ATTACHED)

Relation to applicant: (Please circle)

Spouse(Including Common-Law) Mother (Including Step) Father (Including Step)
Sister Brother Son Daughter Step-child Grandfather Grandmother

I hereby apply for the Bereavement Wage Loss Benefit reimbursement in accordance with the foregoing document and attachment.

Members Signature: _____ Date: _____

This form should be completed and mailed as soon as possible.

NOTE: Any payments made are classed as income and should be declared on your Income Tax form. A T4A Slip will be forwarded to you by February 28 of the following year.

THIS BENEFIT MUST BE APPLIED FOR WITHIN 90 DAYS OF THE DEATH OF THE INDIVIDUAL ABOVE.

Welfare Plan Signature: _____

JP/sal.

