



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 Email: info@213benefits.org

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 check)

☐ Spouse(Including Common-Law) ☐ Mother (Including Step/In-Law) ☐ Father (Including Step/In-law)

☐ Sister ☐ Brother ☐ Child/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. Payroll Administrator's signature is required for processing. You cannot claim for this benefit if your employer provides a Bereavement Wage Loss benefit.

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 the end of February of the following year.

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

Welfare Plan Signature: _____ Date Approved: _____

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