



Carpenters' Residential Health and Wellness Plan Bereavement / Parental Leave Benefit

Submit to: 45 McIntosh Drive | Markham, Ontario L3R 8C7 | Tel: (905) 946-9700 | Toll Free: 1-800-263-3564

A. Member Information (Please Print)

Last Name		First Name	
Address		Date of Birth m / d / y	
City	Province	Postal Code	Union ID No.
Country			Telephone No.
Email Address			Cell No.

I was unable to attend work on the _____ of _____
(List Days) (Month / Year)

On the dates listed above, I was working for _____ and I **did not receive** any
reimbursement for lost wages. (Name of Company)

B. Bereavement

Bereavement (\$150 per day to a maximum of 3 consecutive days)

I was away from work to attend the funeral of _____, my _____
(Name) (Relationship)

Do you need to review your member information card's beneficiary designation? Yes No

C. Parental Leave

Parental Leave (\$150 per day to a maximum of 3 consecutive days)

Did you complete a new Member Information Card to add your new family member? Yes No

I was away for the birth of my Son Daughter

Name of Child: _____

Date of Birth: _____

Dates of Absence: _____

D. Forms and Member Certification

Please attach a photocopy of the birth/death certificate or temporary health card AND a letter from your employer / payroll department on company letterhead confirming your last day of work prior to the birth/death and the days absent from work.

I certify that the information provided in connection with my Claim for Bereavement/Parental Leave is true and accurate.

Member Signature: _____ Date: _____