



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 (\$250 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 (\$250 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 Child

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: _____

Privacy Statement: The Carpenters' Residential Benefit Plans (called "the Plans/Plan"), their administrator Employee Benefit Plan Services Limited, and providers working with the Plans/Plan or administrator will collect, maintain, use and disclose only the information that is necessary for the administration of the Plans/Plan. Personal information will be protected pursuant to the applicable legislation. The Plans/Plan may collect, maintain, use and disclose personal information with relevant persons or organizations (employers, health benefit managers, health professionals, institutions, insurers, investigative agencies, legal counsel, other plans or unions, pharmacies, regulators, reinsurers) in order to manage the Plans/Plan and entitlement to the benefits of the Plans/Plan, and may include information such as financial, health or benefits related information. Questions related to the Privacy Statement should be directed to the Privacy Officer.