



# Carpenters' Residential Health and Wellness Plan

## Bereavement/Parental Leave Claim Form

Submit this claim form to:

### Plan Administration Office

45 McIntosh Drive, Markham, Ontario, L3R 8C7  
905-946-9700 | 1-800-263-3564 | [benefits@carpentersresidential.ca](mailto:benefits@carpentersresidential.ca)

### Member Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Union ID: \_\_\_\_\_

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

During this time, I was working for \_\_\_\_\_ and did not receive any reimbursement for wages.  
(Name of Company)

### Bereavement Leave Complete this section if you are submitting a Bereavement Leave Claim.

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

Do you need to review your Member Information Form's beneficiary designation? ☐ Yes ☐ No

**Plan Reimbursements to a maximum of 3 consecutive days:** Enhanced Plan: \$300 per day. Introductory Plan: \$250 per day.  
Comprehensive Plan: \$250 per day.

### Parental Leave Complete this section if you are submitting a Parental Leave Claim.

I was away from work for the birth of my child, \_\_\_\_\_  
(Name)

Date of Birth: \_\_\_\_\_ Did you complete a new Member Information Form? ☐ Yes ☐ No

**Plan Reimbursements to a maximum of 3 consecutive days:** Enhanced Plan: \$300 per day. Introductory Plan: \$250 per day.  
Comprehensive Plan: \$250 per day.

### Forms and Member Authorization

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 days absent from work.

I certify that the information provided in connection with my claim for the above benefit(s) is true and accurate.

Member's 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

Revised: April 2024