



CARPENTERS' REGIONAL COUNCIL

Carpenters' Residential Health and Wellness Plan

Compassionate 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

Compassionate Leave Benefit Details

The Plan's benefit pays \$300 per week of your approved leave for a maximum of 4 weeks.

For the purposes of the Compassionate Leave Benefit, the Plan defines an eligible relationship as a family member who is the Plan member's Spouse, Child, Parent, Brother, or Sister.

Please contact the Plan Administration office for full details.

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)

Compassionate Care Leave Claim

I was away from work to provide care/support for _____, my _____
(Name) (Relationship)

Forms and Member Authorization

Please attach 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.