

Carpenters' Residential Health and Wellness Plan

Bereavement/Parental Leave Claim Form

Submit this claim form to:

Plan Administration Office

2255 Sheppard Ave. E, Atria 1, Suite 201, Toronto, ON M2J 4Y1

905-946-9700 | 1-800-263-3564 | 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: _____