



Carpenters' Residential Health and Wellness Plan

Compassionate 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

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.