



Submit to: LiUNA Local 506 Trust Administration | 3750 Chesswood Dr. - Suite 1 | Toronto, ON M3J 2W6 | Tel: (416) 506-8832 | Email: info@506membersbenefits.ca

A. Member Information (Please Print)

Last Name	First Name	Gender	Male	Female
Address		Date of Birth		
City		Province	Postal Code	
Union ID or Social Insurance Number (SIN)		Telephone #:		
Email Address		Cell #:		
Marital Status	Married/Common-Law	Single	Plan:	Construction Industrial (Wreckers)

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 (\$150 per day to a maximum of 3 consecutive days)

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

Immediate family is defined as the Plan Member's spouse, son, daughter, son-in-law, daughter-in-law, step-children, father, mother, father-in-law, mother-in-law, step-parent, grandparent, brother, sister, brother-in-law and sister-in-law.

C. Parental Leave

Parental Leave (\$150 per day to a maximum of 3 consecutive days)

Application Card Completed Yes No

I was away for the birth of my Son Daughter

Name of Child: _____

Date of Birth: _____

Dates of Absence: _____

D. Member Disclosure 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 birth/death and the days absent from work.

Member Signature: _____ Date: _____

- A FALSE AND/OR FRAUDULENT STATEMENT ON THIS APPLICATION WILL RESULT IN DENIAL OF BENEFITS AND/OR LEGAL AND/OR COURT ACTION BEING TAKEN BY THE BOARD OF TRUSTEES.