

Sheet Metal Workers' & Roofers' Local 30

Funeral Benefit Policy

Definitions:

1. For the purposes of providing Funeral Benefits as set out below, the following definitions shall apply:
 - (a) "Beneficiary" means the beneficiary of a deceased member as designated by the deceased member on the form set out in Schedule 1 attached hereto;
 - (b) "Deceased Member" means a deceased person who at the time of death was a Member in Good Standing of Sheet Metal Workers' & Roofers' Local 30 Local 30;
 - (c) "Funeral Benefit" means a benefit as set out in paragraph four (4) below;
 - (d) "Member" means a member of Sheet Metal Workers' & Roofers' Local 30.

Existence and Purpose of the Funeral Benefit Fund:

2. Sheet Metal Workers' & Roofers' Local 30 ("Union") hereby recognizes the existence of a Funeral Benefit Fund ("Fund"), the property of which shall be held by the Union and administered and maintained in accordance with the provisions of the SMART Constitution and Ritual ("Constitution").
3. The purpose of the Fund is to provide funeral benefits to the beneficiaries of the Deceased Members. Funeral Benefits are intended to be applied to the cost of a funeral and/or memorial service of the Deceased Member.

Funeral Benefits:

4. A Funeral Benefit in the amount of Four Thousand Dollars (\$4,000.00) shall be paid to the Beneficiary of a Deceased Member as soon as possible, or not later than thirty (30) days from the time that the Union received notice of the Deceased Member's death.
5. As verification of entitlement any Beneficiary claiming a Funeral Benefit under this policy shall deliver to the Union a valid death certificate within thirty (30) days from the time that the Union received notice of the Deceased Member's death.

Administration and Maintenance of the Fund:

6. The Financial Secretary-Treasurer of the Union shall set aside the amount of two (2) dollars from the monthly dues of every Member to maintain the Fund. In order to continue the fund on a sound actuarial basis, the Financial Secretary-Treasurer, with the approval of the Executive Board and the membership, is authorized to increase or decrease this amount as required.
7. In the event that the amount of money in the fund exceeds or has fallen short of that required to maintain the Fund on a sound actuarial basis, the Financial Secretary-Treasurer, with the approval of the Executive Board and the membership, is authorized to increase or decrease the amount payable as a Funeral Benefit under this policy.
8. In the event that the amount of money in the Union's General Fund is decreased to such an extent that the Union's overall financial position is unsound, the Financial Secretary-Treasurer of the Union, with the approval of the Executive Board and the membership, is authorized to transfer all or part of the monies in the Fund into the Union's General Fund.

Amendment:

9. The provisions of this policy may be amended from time to time by the Financial Secretary-Treasurer of the Union, with the approval of the Executive Board and the membership.

Dissolution of the Fund:

10. Upon dissolution, the residue in the Fund shall be transferred to the Union's General Fund.

Updated March 3, 2020

Schedule 1

This Card Is to Be Made Part of Your Local Records - Do Not Send to General Office
SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION, Local Union 30
Designated Beneficiary of Funeral Benefit

MEMBER NAME _____ SOCIAL INSURANCE NUMBER _____

ADDRESS OF MEMBER _____

CITY _____ PROVINCE OR STATE _____ POSTAL CODE OR ZIP _____

As a member in good standing of Local Union No. 30, of Scarborough, Ontario, I hereby authorize and direct that any and all Funeral Benefits that may be in effect and due in case of my death, in accordance with the Funeral Benefit Laws of the Sheet Metal Workers' International Association shall be paid to my beneficiary,

NAME OF BENEFICIARY _____ RELATION _____

ADDRESS OF BENEFICIARY _____ CITY _____ PROVINCE OR STATE _____

It is my desire and my will that this designation shall supersede and void any designation made by me prior to this date affecting said Funeral Benefit.

SIGNATURE OF MEMBER _____ Membership No. _____

Subscribed this _____ day of _____, 20 _____ Witness _____

Verified by _____ PRINT NAME _____

Secretary, L.U. No. 30

Witness _____

SIGNATURE _____

