



Sheet Metal Workers' International Association Roofers' Local Union 30

14 Cosentino Drive, Scarborough, Ontario M1P 3A2
(416) 299-7260 Toll Free: 1-800-268-3562

Roofers' Bereavement Benefit Form – Schedule I

Employee claiming Bereavement Pay must complete form.

First Name

Initial

Last Name

Street No.

Street Name

APT. #

City

Province

Postal Code

Area Code

Telephone

Membership No.

Social Insurance Number

MUST BE COMPLETED BY MEMBER

1. I hereby claim \$175.00 per day for _____, 20____
(dates not worked)

during which I was away from, or unavailable for work because I was attending a funeral or memorial service for _____.

(Name of deceased person)

I am also claiming an additional \$175.00 in respect of expenses incurred to attend this funeral or memorial service.

2. The deceased person was related to me as a (please check appropriate box):

Spouse

Brother

Child

Sister

Parent

Grandparent

Parent-in-law

Over

3. At the time of the funeral or memorial service I was a Member in good standing of the Sheet Metal Workers' International Association, Local Union 30, I was:

(Check one)

(a) employed by _____, and did not receive any reimbursement for lost wages for the days claimed above (member must supply a letter from his or her employer confirming wage loss);

(b) was unemployed, but properly registered on the Union's out of work list and otherwise available for employment; or

(c) other: (please explain)

- ✓ **All members claiming bereavement benefits must file a claim and submit a copy of the deceased person's death certificate within 60 calendar days of the death.**
- ✓ **To qualify for benefits, members must have worked a minimum of 320 hours.**

DATED at _____ this _____ day of _____ 20__.

Member's Signature

*Note 1: The maximum claim is \$175.00 per day for up to 4 days, plus \$175.00 for expenses. The \$175.00 payment in respect of expenses shall be payable only in relation to deaths which occur on or after January 1, 2005.