



# Sheet Metal Workers' & Roofers' Local Union 30

190 Milner Avenue, Scarborough, Ontario M1S 5B6  
Tel (416) 299-7260 Toll Free: (800) 268-3562 Fax (416) 299-7734

## Roofers' Bereavement Benefit Form

(Employee Claiming Bereavement Pay must complete form)

\_\_\_\_\_  
First Name Initial Last Name

\_\_\_\_\_  
Street # Street Name Apt. #

\_\_\_\_\_  
City Province Postal Code

\_\_\_\_\_  
Area Code Telephone

\_\_\_\_\_  
Membership Number 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)

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

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Spouse        | <input type="checkbox"/> Brother     |
| <input type="checkbox"/> Child         | <input type="checkbox"/> Sister      |
| <input type="checkbox"/> Parent        | <input type="checkbox"/> Grandparent |
| <input type="checkbox"/> Parent-in-Law |                                      |

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 confirmation 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)

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- ✓ 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.

