



## Brick and Allied Craft Union of Canada 2007 Employee Benefit Trust Fund

### A GENERAL INFORMATION

In the event of a death in the Member's immediate family, an eligible Active Member may be entitled to receive bereavement leave benefit payment. Immediate family shall be defined as the Member's spouse, son, daughter, mother, father, brother, sister, grandfather, grandmother, grandchildren, mother-in-law, father-in-law and grandparents. This benefit is provided to Members (not dependents) who had loss of earnings up to 3 consecutive days (excluding weekends) for attending and/or arranging the funeral. The maximum benefit payable shall be \$250 a day for each day that the Member is absent from work only and not for periods of unemployment.

To be eligible for this benefit a Member must have been in benefit on the date of death. Members making pay-direct contributions at the time of death are not entitled to this benefit. No payment will be made for lost time following the date of the funeral unless the Member is required to travel for the purpose of attending the funeral.

Bereavement leave benefit payment is taxable and you will receive a T4A from Global Benefits.

### B TO BE COMPLETED BY PLAN MEMBER

Full Name		Social Insurance Number	Phone Number
Address		City	Province Postal Code
Member's Date of Birth (yyyy-mm-dd)	Name of Deceased Family Member	Relationship to Member	
Date of Death (yyyy-mm-dd)	Date of Funeral	City/Country of Funeral	
Number of Work Days Lost	Signature of Plan Member	Date (yyyy-mm-dd)	

### C TO BE COMPLETED BY EMPLOYER

Employee Name		Company Name	
Name of Authorized Representative		Title of Authorized Representative	
Last Date at Work Before Interruption (yyyy-mm-dd)	First Date at Work After Interruption (yyyy-mm-dd)	Number of Work Days Lost by the Employee	

I hereby declare the above named Employee had loss of earnings by interruption of the employment otherwise available and normally performed by him or her, to the extent indicated above.

Phone Number of Authorized Representative	Signature of Authorized Representative	Date (yyyy-mm-dd)
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Benefits Administered by



Mail this form to:

Global Benefits  
88 St. Regis Crescent South  
Toronto, ON M3J 1Y8

OR

Email this form to:

[benefits@globalben.com](mailto:benefits@globalben.com)