



UNEMPLOYMENT/LAY-OFF BENEFIT APPLICATION

PLEASE SEE TERMS & CONDITIONS ON BACK

DATE OF APPLICATION:

MEMBER INFORMATION:

FIRST NAME: MIDDLE INITIALS:
LAST NAME: MAIDEN NAME:
HOME ADDRESS:
DATE OF BIRTH: GENDER: MALE FEMALE
DAY MONTH YEAR
EMAIL ADDRESS: TELEPHONE #:
DIVISION: LENGTH OF MEMBERSHIP:

UNEMPLOYMENT INFORMATION:

EMPLOYER PRIOR TO UNEMPLOYMENT:
WHEN DID YOU BECOME UNEMPLOYED:
DAY MONTH YEAR
REASON FOR UNEMPLOYMENT:
 LAY-OFF RESIGNATION REDUNDANCY END OF CONTRACT TERMINATION OTHER
IF OTHER, PLEASE SPECIFY:
IF **TERMINATED**, PLEASE SHARE REASON:
IF **LAI D OFF**, PLEASE SHARE DETAILS OF LAYOFF:
STARTS: ENDS:
REASON FOR LAYOFF:

FOR OFFICIAL USE ONLY:

MEMBER JOINED: MEMBER REJOINED:
PREVIOUS BENEFIT RECEIVED:
OF WEEKS ENTITLEMENT: AMOUNT:
DATE OF DECISION: APPROVED DENIED
SIGNATURE:

TERMS & CONDITIONS

UNEMPLOYMENT BENEFITS SHALL BE GRANTED TO BONAFIDE UNION MEMBERS WHO ARE WITHOUT A JOB OR WITHOUT ANY MEANS OF INCOME.

ELIGIBILITY REQUIREMENTS:

Benefits will not be paid for a period that an employed member is receiving:

- Government Assistance
- Severance or Redundancy Pay
- Retirement Pension

If you have been terminated from your employment because of drugs, drunkenness or dishonesty or you have failed to seek union assistance or you are awaiting the union's final report resulting from investigation and/or representation, you will not be eligible for this benefit.

Financial assistance will cease upon the resumption of gainful employment. Failure to notify the union that you have gained employment while receiving this benefit may result in membership expulsion.

APPLICATION DEADLINE:

- You must apply within one (1) to four (4) weeks of being unemployed or laid off.

BENEFIT AMOUNTS:

Financial Membership	Six Weekly Payments	Maximum Amount Per Year
8 weeks - 1 year	\$25	\$150
1 year - 3 years	\$50	\$300
3 years - 5 years	\$70	\$420
5 years - 10 years	\$85	\$510
Over 10 years	\$120	\$720

BENEFIT APPROVAL:

- **Approval of benefits will be contingent upon the availability of funds.**
- If your application is approved, benefits will be for up to six (6) weeks in any 12-month period.
- You will be paid weekly via cheque or direct deposit.

I have read and agree to the terms & conditions above:

MEMBER NAME:

SIGNATURE:

DATE: