



SICK 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 #:
CURRENT EMPLOYER: DIVISION:
LENGTH OF MEMBERSHIP:

SICK LEAVE INFORMATION:

WHAT IS YOUR JOB SICK LEAVE ENTITLEMENT:
HAVE YOU EXHAUSTED YOUR JOB SICK LEAVE: YES NO

FOR OFFICIAL USE ONLY:

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

TERMS & CONDITIONS

ELIGIBILITY REQUIREMENTS:

- You must produce a medical certificate as proof of your sickness and inability to work.
- Sick benefits shall be granted after your job-paid-sick-leave has been exhausted.

Special sick benefits may be granted at the sole discretion of the Executive Board but only after the applicant has satisfied the Board that such sickness and the applicant's financial needs warrant consideration.

APPLICATION DEADLINE:

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

BENEFIT AMOUNT:

Financial Membership	Six Weekly Payments	Maximum Amount Per Year
8 weeks - 1 year	\$50	\$300
1 year - 3 years	\$70	\$420
3 years - 5 years	\$85	\$510
5 years - 10 years	\$105	\$630
Over 10 years	\$140	\$840

SPECIAL SICK BENEFITS:

Financial Membership	Six Weekly Payments	Maximum Amount Per Year
1 year - 3 years	\$20	\$120
3 years - 5 years	\$25	\$150
5 years - 10 years	\$35	\$210
Over 10 years	\$50	\$300

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: