

BEREAVEMENT / PARENTAL LEAVE

Ù^} åÁţ KÁLiUNAcare Local 506 | 3750 Chesswood Drive, Suite 1 | Toronto, ON M3J 2W6 ÚKÁ FÎ È06B841ÁÁZKÁ FÎ È06B833ÁÁv: www.liunacare506.com | e: info@liunacare506.com

Member Information (<i>Please Print</i>)						
First Name	Lá	ast Name		Gender	Male	Female
Address				Date of Birth	(yyyy/mm/dd)	
City Province				Postal Code		
Member Advantage Benefit Card ID (last 10 digits) or Social Insurance Number (SIN)				Country		
Email Address				Telephone No	Ο.	
Martial Status	Married Common-Law	Single Separated	Divorced Widow	Cell No.		
I was unable to attend work on the of						
		(L	ist Days)		(Month / Yea	ar)
On the dates listed above, I was working for and I <u>did not receive</u> any reimbursement for						
lost wages. (Name of Company)						
B BEREAVEMENT						
Bereavement (\$200 per day to a maximum of 3 consecutive days)						
I was away fror	m work to attend the	funeral of	(Name)	, my	(Relations	hip)
c PARENTA	L LEAVE					
Parental Leave (\$200 per day to a maximum of 3 consecutive days)						
			- '			
Application Card	Completed	Yes	No			
I was away for th	ne birth of my	Son	Daughter			
Name of Child:						
Date of Birth:						
Dates of Absence:						
D Member Di	isclosure Autho	rization				
Please attach a photocopy of the birth/death certificate or temporary health card AND a letter from your employer / payroll department on company letterhead confirming your last day of work prior to the birth/death and the days absent from work.						
Member Signatu	re:			Date:		