



Ù^} åÁṭ KÁLiUNAcare Local 506 | 3750 Chesswood Drive, Suite 1 | Toronto, ON M3J 2W6 ÚKÁ FÎ È06B841ÁÁZKÁ FÎ È06B833ÁÁW: www.liunacare506.com | e: info@liunacare506.com

A Member Information (<i>Please Print</i>)					
First Name	Last Name		Gender	Male	Female
Address			Birth Date (yy	/yy/mm/dd)	
City		Province		Postal C	ode
Member Advantage Benefit Card ID (last 10 digits) or Social Insurance Number (SIN)			Country		
Email Address			Telephone No	D.	
Marital Status Married Common	Single n-Law Separated	Divorced Widow	Cell No.		
Jury Duty Information – To be completed by the Member					
Court in which Jury Duty was served:					
Number of days' earnings lost:					
Total per diem Allowance paid by Court:					
I hereby claim that the Jury Duty Benefit payable to me in accordance with the terms of LiUNA Local 506 Group Legal Benefit Trust and declare that the information given above is true and accurate.					
Member Signature:		Da	te:		
C Jury Duty Information - To be completed by the Employer					
Members Full Name:					
Last date worked before int	erruption:				
Date returned to work after	interruption:				
Number of work days lost:					
Did the member receive any wages during the interruption? Yes No					
If YES, how much did the member receive (\$)?					
I hereby declare that the above named member suffered a loss of earnings due to an interruption of employment normally performed by him/her, to the extent indicated above.					
Company Name & Stamp/S	Seal <u>:</u>				
Telephone No.:					
Authorized Signature:	Authorized Signature:Date:				

A FALSE AND/OR FRAUDULENT STATEMENT ON THIS APPLICATION WILL RESULT IN DENIAL OF BENEFITS AND/OR LEGAL AND/OR COURT ACTION BEING TAKEN BY THE BOARD OF TRUSTEES.