

**I.B.E.W. 353, 1377 LAWRENCE AVE. E. TORONTO, ON M3A 3P8
416-510-3530 FAX (416) 510-3531**

**APPLICATION FOR BEREAVEMENT WAGE LOSS
I.B.E.W. 353 WELFARE TRUST FUND**

NAME: _____
(Last Name) (First Name)

ADDRESS: _____
(Apt#) (Street)

(City) (Province) (Postal Code)

SOCIAL INSURANCE # _____

CURRENT EMPLOYER: _____

NAME OF DECEASED RELATIVE: _____

RELATIONSHIP OF DECEASED: _____

DATE OF DEATH: _____
(Month) (Day) (Year)

PLEASE INDICATE WORK DAYS MISSED:

1) _____ 2) _____ 3) _____
(Month/Day/Year) (Month/Day/Year) (Month/Day/Year)

**PLEASE ENCLOSE A DEATH CERTIFICATE OR FUNERAL DIRECTOR'S STATEMENT
ALONG WITH YOUR COMPLETED APPLICATION FORM**

Bereavement Pay Entitlement:

Spouse/Child/Parent of Member: 3 Days
Mother In Law/Father In Law: 1 Day
Brother/Sister/Grandparent of Member: 1 Day

I hereby make an application for bereavement wage loss as indicated above. I authorize my employer to confirm the dates listed and I hereby certify that the information I have provided on this form is accurate.

(Signature of Employee)

(Date)

IBEW USE ONLY PAYROLL:	RATE:	HOURS:	COPE343
---------------------------	-------	--------	---------