

# Bricklayers & Allied Craftworkers Pension Fund of AB & SK

CRA Registration No. 0584888

# Claimant's Statement for Disability Pension

Please read all questions and print all answers. Mail the completed application and supporting documents to the fund office at the address at the end of this form. Please note, this form must be sworn before a Commissioner for Oaths.

## Member Information

Name (Last)	(First)	(Middle)	Sex	
			M	F
Address (Street)			Social Insurance Number	
City	Province	Postal Code	Telephone Number	

## Member Statements

Have you applied for Canada Pension Plan disability benefits?	Yes	No
Are you receiving Canada Pension Plan disability benefits?	Yes	No
If you have not applied or have been rejected for Canada Pension Plan (CPP) disability benefits, please indicate the reason. (The CPP may be consulted for confirmation.) Please note, eligibility for CPP disability benefits does not automatically entitle you to disability benefit from the Bricklayers & Allied Craftworkers Pension Fund.		
Have you applied for any other disability benefits (i.e. Workers' Compensation, Employment Insurance, private, or provincial)?	Yes	No
If you have not applied or have been rejected for any applicable disability benefits, please indicate the reason.		
If you are applying more than 6 months after the date you became disabled, indicated the reason for the delay.		
Are you currently employed?	Yes	No
Are you currently seeking employment?	Yes	No
If yes, indicate what kind of employment. Please note, verification from your annual Income Tax Return may be required.		

COMPLETE REVERSE SIDE AS WELL

### Member Declaration

I hereby apply for a disability pension from the Bricklayers & Allied Craftworkers Pension Fund. The above statements are complete, true, and correctly recorded to the best of my knowledge and belief. I understand a false, misleading or inaccurate statement shall be sufficient reason for the denial, suspension or discontinuance of benefits under the pension plan and the Trustees shall have the right to recover any payments made to me because of a false, misleading or inaccurate statement.

I understand, to be eligible to receive a disability pension from the Bricklayers & Allied Craftworkers Pension Fund, I must be totally unable, whether from mental or physical disability, to perform the duties of any occupation for remuneration or profit, and such disability must be permanent and continuous for the remainder of my life, as per the Rules and Regulations of the Bricklayers & Allied Craftworkers Pension Fund.

I expressly consent, authorize, and direct every physician, surgeon or any other person who has examined me, every hospital or other institution in which I have received treatment, and every other plan, including the Workers' Compensation Board, to which I have applied, to disclose to the Bricklayers & Allied Craftworkers Pension Fund, any knowledge or information thereby acquired.

I understand, I may be required to provide, upon request of the Bricklayers & Allied Craftworkers Pension Fund, a complete copy of my latest annual Income Tax Return to verify I continue to meet the criteria to be eligible for receipt of a disability pension. Further, if I do not provide a copy of my latest annual Income Tax Return and the Notice of Assessment from Canada Revenue Agency, and such other reasonable information as may be required, the Bricklayers & Allied Craftworkers Pension Fund may suspend the payment of further disability pension payments to me.

I make this application and declaration conscientiously believing it to be true and knowing it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

DECLARED BEFORE ME in the \_\_\_\_\_)

of \_\_\_\_\_, in the Province)

of \_\_\_\_\_, this \_\_\_\_\_ day)

of \_\_\_\_\_, 20 \_\_\_\_\_ )

\_\_\_\_\_  
A COMMISSIONER FOR OATHS in and \_\_\_\_\_ )  
for the Province of \_\_\_\_\_)

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Name of Commissioner (Please Print)

\_\_\_\_\_  
Expiry Date of Commissioner

**You will be notified in writing of the decision made by the Board of Trustees regarding your application or if any additional information is required.**

Please return this form, with your original signature by mail to:

Ellement Consulting Group  
1050 11150 Jasper Ave NW  
Edmonton AB T5K 0C7

Phone: (587) 415-0611 Toll Free: 1-888-530-0611