



# Bereavement Pay Benefit Declaration Form

## Teamsters Local Union 230 Members' Benefit Fund

### Deceased Information

- ☐ Spouse ☐ Child ☐ Parent ☐ Parent-in-law ☐ Brother ☐ Brother-in-law  
☐ Sister ☐ Sister-in-law ☐ Grandparent ☐ Grandparent-in-law ☐ Grandchild

I was away from work to attend a funeral or memorial for: \_\_\_\_\_  
Name of Deceased

### Member Information

Last Name		First Name		Date of Birth	
				Month Day Year	
Mailing Address		Province		Postal Code	
Phone Number	Cell Number		Email Address		

### Member Declaration

I \_\_\_\_\_ do solemnly declare that I was away from work from \_\_\_\_\_ to \_\_\_\_\_ to attend a funeral or memorial for \_\_\_\_\_ and at the time of the funeral or memorial I was working for \_\_\_\_\_, and did not receive any reimbursement for lost wages for the days claimed above. I understand that the maximum claim is \$150 per day for a maximum of 3 days.

Member Signature \_\_\_\_\_

Dated at \_\_\_\_\_ in the Province of \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Name (Please Print) \_\_\_\_\_

### Supporting Documentation Required

Please be sure to attach to this form a letter from your employer stating:

- 1- the days that you were absent from work, and
- 2- confirmation that you did not receive any reimbursement for lost wages for the days claimed above.

Note that possession of this claim form does not constitute eligibility for benefits



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