International Association of
Heat and Frost Insulators & Allied Workers, Local No. 118
Health and Wellness Trust Fund

Suite 501 – 4445 Lougheed Hwy, Burnaby, BC V5C 0E4
Toll Free: 1-866-HEAT118 or 1-866-432-8118
Email: heatandfrost@convyta.com

APPLICATION FOR DISABILITY CREDITS / HOUR BANK ASSISTANCE

Member Name			Member ID Number	
Address:			Phone Number	
City			Postal Code	
Date of Disability:				
Claim Period From:			To:	

MEMBER INFORMATION

- It is the Member's responsibility to apply for Disability Credits / Hour Bank Assistance.
- For each day that the Member is disabled and collecting Weekly Indemnity Benefits, EI Sickness Benefits or WCB/WorkSafe BC Benefits, the Int' Assoc. of Heat and Frost Insulators and Allied Workers, Local No. 118 Health and Wellness Plan **will credit the Member's Hour Bank with 7.5 hours subject to a maximum of 125 hours per month for up to a maximum of 12 months.**
- **If approved,** the Member will be required to provide evidence, to the Plan Administrator, of receipt of such disability benefits for continued Hour Bank credits.
- The Member must be eligible for full benefits when the disability commences to be eligible for Disability Credits / Hour Bank Assistance.
- Disability Credits / Hour Bank Assistance is provided to maintain coverage that is already active and cannot apply retroactively to reinstate coverage if terminated.

Member Signature _____ **Date Signed** _____

PLAN OFFICE USE ONLY:

Member with Full Benefit Coverage at Date of Disability? Y _____ N _____

Weekly Indemnity Claim? Y _____ N _____

EI Sickness Claim? Y _____ N _____

WCB/WorkSafe BC Claim? Y _____ N _____

Claim Maximum Reached? Y _____ N _____

Number of days claiming	
X 7.5 hours per day	
Total Qualified Credits	

Adjudicator: _____ **Date Processed:** _____