## I.U.O.E. LOCAL NO. 793 MEMBERS LIFE AND HEALTH BENEFIT TRUST OF ONTARIO CLAIM FORM FOR PARENTAL LEAVE FOR THE BIRTH OF A NATURAL CHILD BENEFIT(S)

## **INSTRUCTIONS TO MEMBERS:**

- 1. Complete Part A.
- 2. HAVE YOUR EMPLOYER COMPLETE PART B.
- 3. MAIL THE COMPLETED FORM DIRECTLY TO: GLOBAL BENEFITS

88 ST. REGIS CRESCENT SOUTH TORONTO, ON M3J 1Y8

## PART A - TO BE COMPLETED BY MEMBER CLAIMING PARENTAL LEAVE BENEFIT

MEMBER'S ADDRESS:	Street Name/No.		Apt/ No.
	Street Name/NO.		Αμίζ Νο.
	City/Town	Province	Postal Code
MEMBER'S PHONE NUMBER:	(	)	<u>-</u>
NAME OF NEWBORN FAMILY ME	MBER:		<u>-</u>
RELATIONSHIP TO MEMBER:			
DATE OF BIRTH:			
nereby claim the Parental Leave be enefit Trust of Ontario and decl nderstand that proof of birth may	are that the inform	nation given above	e is true and accurate.

NOTE: Parental Leave benefit is a wage replacement benefit and as such is a taxable income for which you will receive a T4A.

MEMBER'S NAME:	
AST DATE AT WORK BEFORE INTERRUPTION:	
RST DATE AT WORK AFTER INTERRUPTION:	
UMBER OF DAYS WORK LOST BECAUSE OF INTERRUPTION	N:
The maximum benefit payable shall be \$175.00 per day uveekends) as a result of both single and multiple births.	ip to the maximum of three (3) days (excluding
-	
I hereby declare the above member had loss of earnings available and normally performed by him, to the extent in COMPANY NAME  PHONE #: ()	ndicated above.

**NOTE:** Benefits are payable for days that you are absent from work ONLY and are not payable for periods of unemployment.

To be eligible for this benefit, you must be covered by your dollar bank with the exception of those paying direct.