



**A. Member Information (Please Print)**

Last Name	First Name	Gender	Male	Female
Address		Date of Birth		
City		Province	Postal Code	
Union ID or Social Insurance Number (SIN)		Country		
Email Address		Telephone No.		
Martial Status	Married Common-Law	Single Separated	Divorced Widow	Cell No.

I was unable to attend work on the \_\_\_\_\_ of \_\_\_\_\_  
*(List Days)* *(Month / Year)*

On the dates listed above, I was working for \_\_\_\_\_ and I **did not receive** any reimbursement for lost wages.  
*(Name of Company)*

**B. Bereavement (January 1, 2017)**

Bereavement (\$250 per day to a maximum of 3 consecutive days)

I was away from work to attend the funeral of \_\_\_\_\_, my \_\_\_\_\_.  
*(Name)* *(Relationship)*

**C. Parental Leave (January 1, 2017)**

Parental Leave (\$250 per day to a maximum of 3 consecutive days)

Application Card Completed      Yes      No

I was away for the birth of my      Son      Daughter

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Dates of Absence: \_\_\_\_\_

**D. Member Disclosure Authorization**

**Please attach a photocopy of the birth/death certificate or temporary health card AND a letter from your employer / payroll department on company letterhead confirming your last day of work prior to the birth/death and the days absent from work.**

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

Date: \_\_\_\_\_