



A. Member Information (Please Print)

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

B. Claim Information

In order to properly and accurately address your claim, please provide photocopies of all pay stubs, showing vacation pay deductions, for all work months.

Vacation Pay Fund: HVP SHP

Work Months: _____

Company Name: _____

Company No. _____

Type of Problem: _____

Cheque No.: _____

C. Member Authorization

Member Name: _____ Date: _____
(Print Name)

Member Signature: _____ Witness: _____