



A. Member Information (Please Print)

Last Name	First Name	Gender	Male	Female
Address		Birth Date (m/d/y)		
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. Jury Duty Information – To be completed by the Member

Court in which Jury Duty was served: _____

Number of days' earnings lost: _____

Total per diem Allowance paid by Court: _____

I hereby claim that the Jury Duty Benefit payable to me in accordance with the terms of LiUNA Local 183 Members' Benefit Trust Fund and declare that the information given above is true and accurate.

Member Signature: _____ Date: _____

C. Jury Duty Information - To be completed by the Employer

Members Full Name: _____

Last date worked before interruption: _____

Date returned to work after interruption: _____

Number of work days lost: _____

Did the member receive any wages during the interruption? Yes No

If YES, how much did the member receive (\$)? _____

I hereby declare that the above named member suffered a loss of earnings due to an interruption of employment normally performed by him/her, to the extent indicated above.

Company Name & Stamp/Seal: _____

Telephone No.: _____

Authorized Signature: _____ Date: _____

- A FALSE AND/OR FRAUDULENT STATEMENT ON THIS APPLICATION WILL RESULT IN DENIAL OF BENEFITS AND/OR LEGAL AND/OR COURT ACTION BEING TAKEN BY THE BOARD OF TRUSTEES.**