



BC REGIONAL COUNCIL OF CARPENTERS BENEFIT FUND

210-2750 QUADRA ST., VICTORIA, BC V8T 4E8 | TEL: 250.383.8116

BEREAVEMENT LEAVE – APPLICATION FOR WAGE COMPENSATION

Member Name: _____ S.I.N.: _____

Address: _____

City: _____ Postal Code: _____

Member Number #: U _____ Phone #: _____

Employer Name: _____

Bereavement leave is payable in the event of a death of the member's immediate family. Immediate family is considered: Husband, Wife, Common-Law Spouse, Son, Daughter, Step Child, Father, Mother, Step-Parent, Brother, Sister, First Cousin, Aunt, Uncle, Niece, Nephew, Grandfather, Grandmother, Father-in-Law, or Mother-in-Law.

How many days of work were missed? _____

The plan pays up to a maximum of three (3) days at \$160.00 a day to a maximum of \$480.00.

Name of Deceased: _____

Date of Death: _____

Relation to Member: _____

I hereby certify the facts stated above are true.

Signature of Member

Date Signed

*****A copy of the death certificate is required as proof of death.*****

Please note: Bereavement leave is considered **taxable income**; therefore, at the end of the calendar year you will receive a **T4A** to report this benefit under 'other income' on your income tax return.

