

A Member Information (Please Print)

Last Name	First Name	Gender	Male	Female
Address		Date of Birth (yyyy/mm/dd)		
Town/ City	Prov.	Postal Code	Country	
Member Advantage Benefit Card ID Number (last 10 digits)		Social Insurance Number (SIN) - ONLY if no Member Advantage Benefit Card ID		
Email Address		Phone #		
Marital Status	Married Common-Law	Single Separated	Divorced Widow	Cell #

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 (November 1, 2023)

Bereavement (\$300 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 (November 1, 2023)

Parental Leave (\$300 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: _____