

PAINTERS DISTRICT COUNCIL NO 4
HEALTH & WELFARE FUND
APPLICATION FOR BEREAVEMENT BENEFIT

In order to be entitled to a Bereavement Benefit from your Wage Replacement Account, you must satisfy the following conditions:

- 1) You are unable to appear for work under the Collective Bargaining Agreement due to a death in your immediate family;
- 2) You worked for a contributing employer for the business day immediately before and after your bereavement days; and
- 3) You present proof of the death of your family member as required by the Fund Administrator.

For purposes of this benefit, an immediate family member includes a spouse, child, parent, parent-in-law, grandparent, or sibling. Proof of death shall include a copy of the death certificate, newspaper death notice or such other documents as the Fund Administrator shall request or permit. The bereavement benefit shall be \$300 per day for up to three business days for each death in your immediate family.

Participants Name: _____

Home Address: _____

Last 4 digits of SS#: _____

I hereby apply for a Bereavement Benefit for the following business days:

Name & Relationship of deceased family member:

Participants Signature

Date

TF Initial _____