

**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 (October 1, 2022)**

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 (October 1, 2022)**

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: \_\_\_\_\_