

# Application for Alberta Bereavement Allowance

Date of Application \_\_\_\_\_

Employee Name \_\_\_\_\_

Badge Number \_\_\_\_\_

Home Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Trade \_\_\_\_\_

Union \_\_\_\_\_

Site \_\_\_\_\_

Supervisor \_\_\_\_\_

In making application for the bereavement allowance I agree to be bound by all terms and conditions established under the Alberta Bereavement Protocol currently in effect between the General Presidents' Maintenance Committee for Canada and the Signatory Contractors.

I am making this claim for bereavement allowance from \_\_\_\_\_ to \_\_\_\_\_ during which time I was absent from work to attend a funeral or memorial service for \_\_\_\_\_

The deceased person was related to me as:

Spouse                      Child                      Parent or Parent-in-law                      Grandparent                      Sibling (Brother or Sister)

## REQUIRED DOCUMENTATION

In order to process your application for the Alberta Bereavement Allowance, you must include documents supporting this application including proof of death and relationship to the deceased. *If you do not submit the required documents, your application cannot be processed.* This may include but is not limited to a copy of the deceased person's death certificate, death notice, memorial card or obituary.

All employee claims must be filed within sixty (60) calendar days of the death. In order to qualify for the employee must have been employed by the Employer for at least thirty-six (36) months of continuous service prior to the date of death and must be employed by the Employer when the death occurs.

In signing this application, I verify that all the information contained herein is accurate and true. I understand that false or fraudulent claims will be treated as fraud and in the event that this application is determined to be false or fraudulent the Employer may recover any monies paid to me from my regular pay including from my final pay from the Employer.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

LR Authorization \_\_\_\_\_ Date \_\_\_\_\_

Payroll Approval \_\_\_\_\_ Date \_\_\_\_\_

*Completed forms are to be held in employee personnel file.*