

**MILLWRIGHT SUPPLEMENTARY UNEMPLOYMENT
INSURANCE PLAN, ONTARIO**

APPLICATION FOR BENEFITS

(To be completed no earlier than the Friday of the week unemployed)

A) MEMBER INFORMATION (Please Print)

Name _____ Certificate Number: - -

Address _____
Street name and number City Postal Code

Date of Birth
Day Month Year

Union Initiation Date Last Employer _____
Day Month Year

Week(s) Unemployed From To
Day Month Year Day Month Year

Reason for Unemployment _____

Is Unemployment Due to Disability? No Yes

B) CERTIFICATION OF UNEMPLOYMENT

I hereby apply to the Trustees of the Millwright Supplementary Unemployment Benefit Plan for benefits under the Plan and certify that I have been continuously unemployed for the 7 consecutive days in the period set out above and have applied for Benefits through Employment Insurance.

I hereby certify that to the best of my knowledge and belief the information provided by me is true and accurate and I have not refused work offered to me through the Union for the period stated above.

I hereby certify that the above statements are true, accurate and complete to the best of my knowledge and belief. I understand that the Plan Administrator will use the information provided by me on this form strictly to process my claim. I hereby consent the release of this information to my local union office for authorization as required under this Plan. I hereby authorize the Plan Administrator to evaluate or investigate my claim and release my personal information to qualified third parties, such as Employment Insurance, only to the extent required for such purpose. I hereby authorize my union and any other person or institution to release relevant information to the Plan Administrator solely for the purpose of processing this claim. A photocopy of this release shall be as valid as the original.

_____ Date

_____ Signature of Member

- Note:
- 1) Week unemployed must be 7 consecutive days beginning on a Sunday and ending on a Saturday.
 - 2) **You MUST attach your payment stub from E.I. to this form.**
 - 3) If denied E.I. because you did not work sufficient weeks to be eligible for Employment Insurance, or because you have received your maximum entitlement from Employment Insurance, you **MUST** attach a copy of the denial letter to this form.

BUSINESS REPRESENTATIVE CERTIFICATION

I hereby certify that to the best of my knowledge and belief the information provided by the member is true and accurate and he/she has not refused work offered to him/her through the Union for the period of Unemployment stated above.

_____ Date

_____ Signature of Business Representative

Send fully completed form to:

MILLWRIGHT SUPPLEMENTARY UNEMPLOYMENT INSURANCE PLAN
C/O Manion, Wilkins & Associates Ltd., Claims Dept.
626 - 21 Four Seasons Place, Etobicoke, Ontario M9B 0A6

The Ontario Millwrights S.U.B. Plan

Reporting Procedures

In order to qualify for S.U.B. Plan benefits, the member must be a member in good standing with a Participating Local Union, and unemployed as a result of a reduction in the work force or temporary layoff.

To be eligible the member must:

1. submit a formal application,
2. be registered at and have reported to an Employment Office maintained by Human Resources Development Canada,
3. have received an Employment Insurance Benefit (for unemployment, Maternity/Parental Leave Benefits, or Compassionate Care Benefits), or received written confirmation from E.I. that you are ineligible:
 - because the member did not work sufficient weeks to be eligible for Employment Insurance, or
 - because the member have received the maximum entitlement from employment insurance.

How to claim S.U.B. Plan Benefits:

1. An Application for S.U.B. Plan benefits must be completed in full and authorized by the Local Union Business Representative.

IMPORTANT: The member must attach their Employment Insurance Statement Stub (or a copy thereof) or if the member is denied for one of the reasons above, a copy of the denial letter is required.

2. The member may claim for more than 1 week of unemployment at a time however, once paid under the S.U.B. Plan of Benefits, in order to qualify for further benefits the member must complete a new application form and follow the process in number 1. above.
3. No benefits will be reimbursed for any week in which the member has received any form of employment income.
4. If the member has returned to work or for any other reason no longer qualifies for further benefits, please notify the claims department immediately in order to avoid any overpayments.

Contact: Laura Gravina, Claims Department
(416) 234-5044 ext. 2272