

## British Columbia Maritime Employers Association

Serving the ports of British Columbia

500 - 349 Rallway Street, Vancouver, B.C. V&A IA4 • Web Site: www.bcmea.com • Tel (604) 688-1155 • Fax (604) 684-2397

## BEREAVEMENT LEAVE APPLICATION

Employee Name:				Employee Number:				
Name of Deceased:				Date of Death:				
Relationship Spouse Common-law Partne Parent Step-parent	r	Child Step-child Brother Sister		Mother in Law Father in Law Grandparent Grandchild Other		comp	lete (a) below lete (b) below lete (c) below	
Declaration  a) If relative is a Grandparent: I certify that he/she is the natural Mother □ /Father □ of my natural Mother □ /Father □  b) If relative is a Grandchild: I certifiy that he/she is the natural Son □ / Daughter □ of my natural Son □ / Daughter □  c) If relative is Other: I certify that he/she is my (relationship)  and that he/she was permanently residing with me at the time of his/her death.								
Certification  I hereby certify that the answers given above are accurate and true to the best of my knowledge and belief								
Signature				Date				
		•						
For Administrative Use Only								
Month	Local Hours	80%		Worked	Other Hou	irs	Total	
Total						_		
Average						F		
Qualified: ☐ Yes ☐ No								
Payment Amount \$1,008.24 Payment authorised Date								
654						ale _		

## Do I qualify for Bereavement Leave?

Provided you worked at least 80% of the average Union hours in your Local under the terms of the BCMEA and ILWU – Canada's Collective Agreement in the three calendar months prior to the date of death, you may qualify for Bereavement Leave. Consideration shall be given to persons who during such three calendar months, are drawing benefits from the Weekly Indemnity or Long Term Disability provisions of the Health and Benefit Plan, or Workers Compensation. Persons on earned vacation to which they are entitled shall have their vacation period considered as time worked provided such vacation was scheduled in advance.

Island Locals

To be eligible for Bereavement Leave you must have worked 80% of your local's Union hours in the <u>12</u> months prior to the application.

The entitlement is equal to 3 days X 8 hours X the straight time base rate and will be processed usually on the week following the application. The payment will appear on your weekly paycheck or deposit slip.

## What Forms do I need to provide to Employee Services?

- 1. A bereavement leave application form, and;
- Proof of death death certificate, funeral director's statement of death, religious official statement, signed letter from a local Government official.
- Proof of relationship to the deceased as follows:

Obituary Notice from the paper, or:

Spouse - marriage certificate, landed immigrant papers, spousal declaration signed by you

Parent - your birth certificate, provided it shows your parents names

Parent with different surname – provide a copy of your birth certificate if it names your parent and you, a beneficiary form completed by your parent indicating your relationship, any other document you may have which states your relationship

Father-in-law/Mother-in-law/Step-parent- provide a document showing your spouse's maiden name

or for the step-parent a copy of the marriage certificate.

Child/Step-child- if covered under the ILWU plan at time of death - change of dependent form for MSP. Landed immigrant papers

Grandchild - complete and sign the declaration on the front of the form

Brother/Sister - landed immigrant papers, signed declaration

Grandparent - complete and sign the declaration on the front of the form

Other relative residing permanently with you – provide one recent, dated document, which provides their address (mail, drivers licence etc.) Complete and sign the declaration on the front of the form

If you still have difficulty proving your relationship to the deceased, contact your Union local Secretary/Treasurer for assistance.

Please Note: Translations are required for all foreign documents.

No hours credit for benefit, vacation and/or pension entitlement is provided for this lump sum payment.

IMPORTANT CLAIMS FILING DEADLINE: YOUR CLAIM MUST BE FILED WITH EMPLOYEE SERVICES WITHIN 120 DAYS OF THE DATE OF DEATH