



WEEKLY INDEMNITY - SUPPLEMENTARY DISABILITY BENEFIT CLAIM FORM ILWU – Employer Association Health & Benefit Plan

- A 7 day waiting period will apply for all claims, commencing the day of your initial Doctor's visit
- Please submit your claim within 30 days of the initial Doctor's visit.
- Payment for Supplemental Disability Benefit claims will not be made until a Physician's Statement is submitted for review by Employee Services.
- Claims received by Employee Services after 12:00noon on Tuesday will be processed the following week.

Name: _____ Employee # _____

Union Local: _____ Telephone #: _____

Date Disability Started: _____ / _____ / _____
Day Month Year

NATURE of DISABILITY (please describe): _____

Is this disability the result of: an ILLNESS - or - an INCIDENT
(eg. injury, accident, action of a 3rd party, etc.)

Were you treated at a Hospital Emergency only? YES NO

Were you admitted to Hospital and assigned a room? YES NO

If this disability is the result of an INCIDENT:

Please explain how the INCIDENT happened: _____

Where did the incident occur? Work Home Vehicle Other

Did you file a Police Report? YES NO

If this disability occurred at WORK: (copies of WorkSafe BC correspondence are required)

1. Did you file an application with WorkSafe BC? YES NO

2. Are you currently receiving, or have you ever received, WAGE LOSS or PENSION benefits from WorkSafe BC for the same or a related condition? YES NO

3. WorkSafe BC Claim # _____



Waterfront Employers
British Columbia

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If this disability occurred at WORK (continued)

4. Are you currently appealing, or do you intend to appeal, a decision by WorkSafe BC regarding the same or a related condition? YES NO

If this disability is the result of a MOTOR VEHICLE ACCIDENT (MVA):

(Information regarding your ICBC claim is required to process this application)

- 1. Were you the driver of the vehicle involved in the accident? YES NO
- 2. Was this a Single Vehicle Accident? YES NO
- 3. Did the accident occur in British Columbia? YES NO
- 4. Did the accident involve persons residing outside of BC? YES NO
- 5. Was a Police Report filed? YES NO

If your disability occurred at work or was the result of an MVA or involved another 3rd Party, your claim may be managed as a LOAN repayable to the Plan when your WorkSafe BC, ICBC or legal claim is settled.

Therefore, you will need to sign a Reimbursement Agreement before your claim will be accepted.

Weekly Supplemental Disability Benefits will be mailed to your home each Friday afternoon.

EMPLOYEE CERTIFICATION & CONSENT

I hereby certify that the information provided on this form is complete and true to the best of my knowledge and belief. In the event that an overpayment is made or should I fail to make full reimbursement to the Plan, I irrevocably authorize the Waterfront Employers of BC (WEBC) to deduct up to \$500 from my weekly pay until any outstanding debt is re-paid, and to deduct any outstanding balance owed from my vacation pay.

Employee Signature: _____ Date: _____

FOR ADMINISTRATIVE PURPOSES ONLY

Coverage: YES / NO Claim #: _____ Last Day Worked: _____
(DD/MM/YY)