

BEREAVEMENT LEAVE APPLICATION

Employee Name:		Employee Number:																																									
Name of Deceased:		Date of Death:																																									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Relationship</td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td>Spouse</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Child</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Common-law Partner</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Step-child</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Parent</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Brother</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Step-parent</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Sister</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>Mother in Law</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>Father in Law</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>Grandparent*</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>Grandchild**</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>Other***</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="text-align: right; margin-top: 5px;">*complete (a) below **complete (b) below ***complete (c) below</p>				Relationship				Spouse	<input type="checkbox"/>	Child	<input type="checkbox"/>	Common-law Partner	<input type="checkbox"/>	Step-child	<input type="checkbox"/>	Parent	<input type="checkbox"/>	Brother	<input type="checkbox"/>	Step-parent	<input type="checkbox"/>	Sister	<input type="checkbox"/>			Mother in Law	<input type="checkbox"/>			Father in Law	<input type="checkbox"/>			Grandparent*	<input type="checkbox"/>			Grandchild**	<input type="checkbox"/>			Other***	<input type="checkbox"/>
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<p>Declaration</p> <p>a) If relative is a Grandparent: I certify that he/she is the natural Mother <input type="checkbox"/> /Father <input type="checkbox"/> of my natural Mother <input type="checkbox"/> /Father <input type="checkbox"/></p> <p>b) If relative is a Grandchild: I certify that he/she is the natural Son <input type="checkbox"/> / Daughter <input type="checkbox"/> of my natural Son <input type="checkbox"/> / Daughter <input type="checkbox"/></p> <p>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.</p>																																											
<p>Requested Period of Leave:</p> <p>From: ____/____/____ To: ____/____/____ DD/MM/YYYY DD/MM/YYYY</p> <p>Number of Days: _____</p>																																											
<p>Certification</p> <p>I hereby certify that the answers given above are accurate and true to the best of my knowledge and belief</p>																																											
Signature		Date																																									



For Administrative Use Only

Month	Local Hours	80%
Total		
Average		

Worked	Other Hours	Total

Qualified: Yes No

Evidence of Death: Yes No

Evidence of Relationship Yes No

Payment Amount

Payment authorised _____ Date _____



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 12 months prior to the application.

The entitlement is 10 days, the first 3 of which are paid and the remaining 7 are unpaid. The paid entitlement is equal to 3 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.

The entitlement may be taken in one or two periods. If you wish to divide the entitlement, please fill out a separate form for the second period.

What Forms do I need to provide to Employee Services?

1. **A bereavement leave application form, and;**
2. **Proof of death** – death certificate, funeral director’s statement of death, religious official statement, signed letter from a local Government official.
3. **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





500 - 349 Railway Street, Vancouver, BC V6A 1A4
T 604 688 1155 | F 604 684 2397

www.bcmea.com

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

