

**DRYWALL, ACOUSTIC, LATHING AND INSULATION LOCAL 675 LIFE & HEALTH TRUST FUND**

***Jury/Subpoenaed Witness Duty Benefit - Statement of Claim***

**MEMBER INFORMATION**

- The maximum benefit payable is \$200.00 per full day for the first 10 full working days and thereafter \$175.00 per full day the Member incurs a loss of earnings (excluding weekends) due to jury/witness duty.
- A Juror's Attendance Statement or copy of the subpoena must be attached to this claim form.

<b>SECTION 1 - TO BE COMPLETED BY THE MEMBER (please print)</b>					
MEMBER'S NAME (Last)			(First)		
ADDRESS (Number, Street, City, Province)				POSTAL CODE	
PHONE NUMBER ( )	DATE OF BIRTH Day   Month   Year		UNION NUMBER U         -		LOCAL UNION <b>DALI L675</b>
COURT IN WHICH JURY/SUBPOENAED WITNESS DUTY SERVED					
NUMBER OF DAYS LOST EARNINGS BEING CLAIMED: (excluding weekend days)					
<p>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 claim form strictly to process my claim. I hereby authorize the use of my Social Insurance Number for tax reporting and the administration of my benefits. I hereby authorize the Plan Administrator to evaluate or investigate my claim, and release my personal information to qualified third parties solely for the purpose of conducting such evaluations or investigations, and only to the extent required for such purposes. I hereby authorize my employer to release relevant information to the Plan Administrator solely for the purpose of processing this claim.</p>					
_____			_____		
Member's Signature			Date		

<b>SECTION 2 - TO BE COMPLETED BY THE EMPLOYER (please print)</b>			
1. Last date at work before interruption?	Day	Month	Year
2. First date at work after interruption?	Day	Month	Year
3. Number of work days lost because of interruption?			
<p>I hereby declare that the above noted Member suffered a loss of employment earnings otherwise available to and normally performed by the Member, to the extent indicated on this form.</p>			
Name of Company: _____		Telephone Number: _____	
Signed by: _____		Title: _____	
Date: _____			

**ONCE COMPLETED, PLEASE ATTACH A COPY OF THE JUROR'S ATTENDANCE STATEMENT OR SUBPOENA AND FORWARD TO THE OFFICE OF THE ADMINISTRATOR:**

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