

DRYWALL, ACOUSTIC, LATHING AND INSULATION LOCAL 675 BENEFITS

Jury / Subpoenaed Witness Duty Benefit – Statement of Claim

- Up to \$200.00 per day is payable for the first ten (10) full working days and thereafter up to \$175.00 for any full day you, the eligible Member, is absent from work for purpose of Jury or Subpoenaed Witness duty. Benefits for partial days will be pro-rated based on a standard work day of 7.5 hours.
- Benefits are not payable for Saturdays or Sundays and benefits are not payable when you are not actively at work for any reason (e.g. unemployed).
- Jury / Subpoenaed Witness benefits paid are a wage replacement benefit and as such the payment is taxable income for which you will receive a T4A.
- A copy of your Juror's Attendance Statement or the Subpoena must be attached to this claim form.

SECTION 1 – TO BE COMPLETED BY THE MEMBER (please print)			
MEMBER INFORMATION			
LAST NAME		FIRST NAME	
ADDRESS	CITY	PROVINCE	POSTAL CODE
PHONE NUMBER:	DATE OF BIRTH (DD/MM/YYYY)	CERTIFICATE NUMBER: U	LOCAL UNION
COURT IN WHICH JURY/SUPOENAED WITNESS DUTY SERVED			
NUMBER OF DAYS LOST EARNING BEING CLAIMED (Excludes Weekends)			
From _____ To _____ = _____ Full days (DD/MM/YYYY) (DD/MM/YYYY) Total Number of Days			
If claim includes any partial day(s): _____ (Provide Date(s) and number of hours per date)			
I hereby certify that the above statements are true, accurate and complete to the best of my knowledge and belief. I understand that Manion, the Plan Administrator, will use the information provided by me on this claim form strictly to evaluate and process my claim. I hereby authorize my employer to release relevant information to Manion solely for purposes of this claim.			
Member's Signature _____		Date _____	

SECTION 2 – TO BE COMPLETED BY THE EMPLOYER (please print)	
Last date at work before leave _____ (DD/MM/YYYY)	Date returned to work after leave _____ (DD/MM/YYYY)
Number of work days lost due to leave _____	Scheduled work days lost included <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
Member's hourly rate of pay \$ _____	
I, _____, hereby declare that the above Member suffered a loss of earnings by interruption of employment (print name) otherwise available to this Member.	
Company _____	Title of Signatory _____
Signature _____	Phone No. & E-mail _____
Date _____ (DD/MM/YYYY)	

COMPLETE AND ATTACH A COPY OF JURY ATTENDANCE STATEMENT OR SUBPOENA AND FORWARD TO:

Manion Wilkins & Associates Ltd. **Email:** claims@manionwilkins.com
626 – 21 Four Seasons Place **Fax:** 416-234-2071
Etobicoke, ON **Phone:** 416-234-3511
M9B 0A5 **Toll Free:** 1-866-532-8999