

**DRYWALL ACOUSTIC LATHING & INSULATION LOCAL 675
LIFE AND HEALTH BENEFIT TRUST FUND
EMERGENCY RELIEF GRANT
APPLICATION**

*Applications must be received prior to October 31, 2020 to be eligible

A) MEMBER INFORMATION (Please Print) Union Number:

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Name _____ Phone Number _____

Address _____
Street name and number City Postal Code

Date of Birth

<small>Day</small>	<small>Month</small>	<small>Year</small>

 Email Address _____

Enroled in Direct Deposit No* Yes Last Employer _____

Week(s) Unemployed From

<small>Day</small>	<small>Month</small>	<small>Year</small>

 To

<small>Day</small>	<small>Month</small>	<small>Year</small>

Have you refused to return to work? No Yes

B) CERTIFICATION OF CANADIAN EMERGENCY RESPONSE BENEFIT

I hereby apply to the Trustees of the Drywall Acoustic Lathing & Insulation Local 675 Emergency Relief Grant for benefits under the Plan and certify that I have been continuously unemployed due to COVID-19 impacting available work and have received the Canadian Emergency Response Benefit.

I hereby certify that to the best of my knowledge and belief the information provided by me is true and accurate and I have not refused work offered to me through the Local Union for the period stated above.

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 form strictly to process my claim. I hereby consent the release of this information to my local union office for authorization as required under this Plan. I hereby authorize the Plan Administrator to evaluate or investigate my claim. I hereby authorize my Local Union and any other person or institution to release relevant information to the Plan Administrator solely for the purpose of processing this claim. A photocopy of this release shall be as valid as the original.

_____ Date _____ Signature of Member

Note: **THIS BENEFIT IS VALID FROM MARCH 15, 2020 TO OCTOBER 3, 2020 INCLUSIVELY**

- 1) It is the applicant's responsibility to ensure that they have not earned more than \$1,000 in employment and/or self-employment income for 14 or more consecutive days within the four-week benefit period of their CERB claim and are claiming the Emergency Relief Grant.
- 2) You **MUST** attach proof you have received CERB for the period of this claim; copy of CERB payments from your My Service Canada Account.
- 3) This is a taxable benefit and the appropriate taxes are withheld. A T4A will be issued at year end.
- 4) *If your are not enroled for direct deposit with the Plan Administator, you **MUST** do so online through myMANION or provide a void cheque with this application.

BUSINESS REPRESENTATIVE CERTIFICATION

I hereby certify that to the best of my knowledge and belief the information provided by the member is true and accurate and he/she has not refused work offered to him/her through the Local Union for the period of Unemployment stated above.

_____ Date _____ Signature of Business Representative

Send fully completed form and required documentation to:

Drywall Acoustic Lathing & Insulation Local 675 Emergency Relief Grant - Life and Health Benefit Trust Fund
222 Rowntree Dairy Road, Woodbridge, ON L4L 9T2
or email ssarra@local675.ca