Bricklayers & Allied Craftworkers Insurance Benefit Trust Fund of Alberta and Saskatchewan

Request for Freezing of Hours

Office Use Only

Freezing Code:______________ Date Completed:______________

Month:____________________ Initials:_____________________

1. Member Information

Local Union			
Last Name	**First Name**	**Gender** ☐ Male ☐ Female	**Date of Birth** (MM/DD/YY)
Address			**Social Insurance Number**
City	**Province**	**Postal Code**	**Phone**

Please Complete the Appropriate Box Below

2. Request for Workers' Compensation Benefits Freezing

Copies of Pay Stubs & Claim # Required

Please be advised that I, _________________________________, the undersigned participant of the Bricklayers & Allied Craftworkers Insurance Benefit Trust Fund of Alberta and Saskatchewan, have received payment from Workers' Compensation Benefits for the period indicated:	**Start Date** (MM/DD/YY)
If I am Eligible, I understand that my reserve account of hours will be frozen for the period indicated, up to the maximum period permitted in the Eligibility Rules.	**End Date** (MM/DD/YY)

3. Request for EI Sickness & Accident Freezing

Copies of Pay Stubs & Claim # Required

Please be advised that I, _________________________________, the undersigned participant of the Bricklayers & Allied Craftworkers Insurance Benefit Trust Fund of Alberta and Saskatchewan, have received payment from Employment Insurance & Accident Benefits for the period indicated:	**Start Date** (MM/DD/YY)
If I am Eligible, I understand that my reserve account of hours will be frozen for the period indicated, up to the maximum period permitted in the Eligibility Rules.	**End Date** (MM/DD/YY)

4. Request for Trade School Freezing

Union Approval Date Confirmed: ________________________
Initials: ____________

Please be advised that I, _________________________________, the undersigned participant of the Bricklayers & Allied Craftworkers Insurance Benefit Trust Fund of Alberta and Saskatchewan, attended Trade School during the period indicated:	**Start Date** (MM/DD/YY)
If I am Eligible, I understand that my reserve account of hours will be frozen for the period indicated, up to the maximum period permitted in the Eligibility Rules.	**End Date** (MM/DD/YY)

I declare that the statements I have made on this form are complete and true. In order to participate in the benefit program established by my employer and to apply for the benefits for which I or my spouse or dependents may be eligible, my social insurance number is required for identification and for income tax purposes. I consent to the use of my social insurance number for those purposes and also consent to the disclosure of my social insurance number to third parties who require it for the purpose of adjudicating claims and maintaining the benefit program. I also consent to the use and disclosure of my personal information or my spouse and dependents personal information, such as the administrator of the plan, the insurer and any professional advisors or consultants when that personal information is needed for the purpose of adjudicating claims or in order to maintain the benefit program. I authorize the release of statistical information (excluding specific medical details) regarding submitted claims (whether submitted on my behalf or on behalf of my spouse or dependents) to my employer or to other third parties such as professional advisors or consultants. I understand that if any statement made herein is incomplete or false, any coverage granted may be voided in whole or in part.

(MM/DD/YY)

Signature of Member　　　　　　　　　　Date

Ellement
Pensions | Benefits | Investments

Please return to:
Ellement Consulting Group
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Edmonton, AB T5J 1L3
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