

UFCW LOCAL 401 – REAL CANADIAN SUPERSTORE BENEFIT PLAN

SUITE 101, 46 HOPEWELL WAY NE CALGARY, ALBERTA T3J 5H7
TEL: (403)279-9464 FAX: (403) 250-9236 TOLL-FREE 1-866-342-3513

Notification Re: Absence from Work*

Please Print:

First Name

Last Name

S.I.N.

Complete Mailing Address

City

Province

Postal Code

To be completed by the Employer:

Date Absence Commenced _____ Expected Date of Return _____

This is to certify that the above named employee has been/will be absent from work for the following reason(s):

- on the job illness or injury **
- non-occupational injury/illness **
- maternity/parental leave Expected Date of Birth of Child _____
- vacation # of hours/weeks of vacation _____
- compassionate leave # of hours/weeks (entitlement) _____
- other (please specify) _____

Name of Employer

Telephone Contact

Authorized Signature

Date

*See the Plan Eligibility Rules on the reverse.

**Include satisfactory proof of your illness or injury, dates you will be absent from work and a copy of proposed schedule or the previous week's schedule to verify your standard hours of work.

NOTE – Please provide documentation if your doctor allows you to work below 10 hours per week to qualify for the plan. This will ensure that your benefits will not lapse while on modified duties.

To be completed by the Member:

I hereby certify that I have not engaged in any occupation or employment since my absence commenced.

Date

Signature

Eligibility Rules

To be eligible for participation in the benefit program you must be employed part-time by Real Canadian Superstores or Liquorstores, and be a Member of UFCW Local 401. To be eligible for claims reimbursement you must have worked 5 consecutive months and at least 120 hours in the last 12 consecutive week period reported to the Administrator. Your coverage starts the first of the month following the above-noted requirements. Entitlement continues, provided you have worked at least 120 hours during the most recent 12 consecutive week period reported to the Administrator.

If you are eligible for benefits, you may also apply for coverage for your eligible dependants(s).

Your eligible dependants include a spouse to whom you are married or have cohabitated with for at least one year, and any unmarried, fully dependent children under the age of 19, or to age 25 if attending school full-time at an accredited institution, or any age if disabled. Proof of such dependant status will be required yearly. Your participation in the benefit program, and that of your eligible dependants, terminates on your employment termination date, or the date the plan terminates, or as otherwise outlined in the plan booklet.