

ISLAND SHEET METAL WORKERS AND ROOFERS WELFARE PLAN
APPLICATION FOR BEREAVEMENT PAY

Member Name: _____

Member Address: _____

Employed at: _____

I hereby apply for bereavement pay with regards to the death of: _____,
related to me as: _____, passed away on: _____.

Dates absent from work: _____.

Members Signature: _____ Date: _____

*** Adequate proof must accompany this application – (copy of Certificate of death, or newspaper publication)

I certify that _____ was absent from work on the dates noted above.

Employers Signature: _____ Date: _____