

UNITED FISHERMEN'S BENEFIT FUND

TRAVEL ASSISTANCE BENEFIT

General Information: TRAVEL ASSISTANCE

Travel costs - 70% reimbursement

Per diem (3 days) \$50 per day

Type of Benefit

Travel Assistance will be provided for:

- a) a member, member's spouse or dependent child referred for emergency or specialized medical services not available locally, and

- b) for a member or a designated escort required for emergency or medical reasons to accompany a member or dependent member of his/her family who is referred for emergency or specialized medical services not available locally.

Claims must be verified by:

- a) the referral of a medical practitioner and
- b) receipts for accommodation and travel fare or fuel.

Members will be reimbursed 70% of the most practical return fare.

Reimbursement: The expenses for travel shall be limited to a minimum of 90 kilometres (56 miles) to a maximum of 2,400 kilometres (1,419 miles) round trip from home to treatment centre.

Travel fare shall include fares for airplane, ferry, bus or train.

Costs for taxi or public transit shall be limited to \$100 per incident.

Where automobile transportation is used, reimbursement will be calculated on a per kilometre basis.

An allowance of \$50 per day shall be payable for hotel and meal expenses where such expenses are incurred. The allowance shall be payable to a maximum of three days per week for a maximum of two weeks

Only one claim shall be payable for one incident. A claim may be payable for two travel fares and one allowance.

A lifetime maximum of five claims may be paid on behalf of each family member.

The above is a general description of the Benefit. For more information, please contact:

United Fishermen's Benefit Fund: 604 519 3634

UFAWU-Unifor: 604 519-3630 (New Westminster) or 250 624 6048 or 1-888 624 6625 (Prince Rupert)



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1ST FLR, 326—12TH STREET, NEW WESTMINSTER, B. C. V3M 4H6 TEL: 604-519-3644 FAX: 604-524-6944

CLAIM FOR TRAVEL ASSISTANCE

MEMBER'S NAME _____

ADDRESS _____ PHONE _____

CITY _____ POSTAL CODE _____

SOCIAL INSURANCE # _____ DATE OF BIRTH (M/D/Y) _____

MEMBER: UFAWU-UNIFOR
 NBBC
 CANOE PASS
CO-OP

STATUS: FISHER
 TENDERMAN
 RETIRED
 MEDICAL LEAVE

DO YOU HAVE ANOTHER PLAN?
i.e. AANDC, GREAT WEST LIFE ETC.
 YES NO

NAME OF PLAN: _____

PERCENTAGE PAID _____

FISHING/PACKING YOU HAVE DONE IN THE PAST YEAR: (DOES NOT APPLY TO HONORARY MEMBERS OR MEMBERS ON SICK CREDITS)

DATE (M/Y)	TYPE OF FISHING	NAME OF BOAT	COMPANY YOU DELIVERED-MOST OF YOUR CATCH TO:

DATES OF TRAVEL: LEAVE _____ RETURN _____

All information is true and complete. I consent to the disclosure of this personal information to UFBF, to other insurance companies, and to other authorized third parties for the purpose of administering my plan, assessing and providing benefit coverage, or when required by law.

DATE _____

SIGNATURE OF MEMBER _____

ATTENDING PHYSICIAN'S STATEMENT

Reason for travel: _____

Is treatment available locally? _____

Length of stay required _____

Date: _____ Signature: _____

Address: _____

OFFICE USE ONLY

TOTAL ALLOWABLE TRAVEL EXPENSE _____

LESS DEDUCTIBLE _____

SUB-TOTAL _____

70% OF SUB-TOTAL _____

ADD PER DIEM ALLOWANCE \$50/DAY _____

TOTAL TRAVEL ASSISTANCE _____