

# UNITED FISHERMEN'S BENEFIT FUND

## HOSPITAL BENEFIT

### General Information: HOSPITAL BENEFIT

Per incident - 70% of costs to a \$3,000 maximum

Per year – 70% of costs to a \$3,000 maximum

### **Type of Benefit**

The Fund shall provide a Hospital Benefit for:

a) Hospital charges made by a general hospital or extended care facility in British Columbia as a result of sickness, accident, or maternity. Such expenses shall include fees for private or semi-private rooms, but not charges for the rental of telephones, televisions, or similar equipment.

With regard to the reimbursed cost for an extended care facility, this benefit will be paid only once per lifetime.

b) costs of treatment for rehabilitation of any life threatening addiction. Only costs for treatment centres approved by the Board of Trustees will be covered.

### **Amount of Benefit**

The amount of the Hospital Benefit shall be 70% reimbursement of costs to a maximum payment of \$3,000 per calendar year and not to exceed \$3,000 per incident.

Where this benefit is being used for the cost of long-term care, the payment shall be 100 per cent of the cost of the treatment to a maximum of \$3,000 and payable only once in a lifetime.

Where this benefit is being used for rehabilitation treatment, the payment per treatment in a calendar year shall be 100 per cent of the cost of the treatment or \$3,000, whichever is less.

### **Payment for rehabilitation treatment**

Where a member's admission to a rehabilitation treatment centre requires payment in advance, the payment of benefit may be made directly to the treatment centre, provided that the member agrees to remain for the full period of treatment.

if the member does not complete the treatment, either voluntarily or by expulsion, the portion of the benefit paid for the period the claimant did not attend treatment shall be considered an overpayment to that 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 HOSPITAL BENEFIT

PATIENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

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

MEMBER OF UFAWU-UNIFOR  N.B. of B.C.  CANOE PASS CO-OP

**STATUS:** FISHER  TENDERMAN  HONORARY MEMBER  SICK CREDITS

FISHING YOU HAVE DONE IN THE PAST YEAR: (OR AT THE TIME OF RETIREMENT)

DATE (MO./YEAR)	TYPE OF FISHING	NAME OF BOAT	COMPANY YOU DELIVERED-MOST OF YOUR CATCH TO:

DATED: \_\_\_\_\_ SIGNED: \_\_\_\_\_

SIGNATURE OF MEMBER

**If during your recent illness, you were hospitalized for a portion of the time, please have the next section of the form completed by the hospital and/or your family doctor. If you have any other official documents (such as a receipt) that establishes the dates of your hospital stay, you can send that document to us in place of this form. We will return any original documents to you.**

PATIENT'S NAME \_\_\_\_\_

DATES OF CONFINEMENT Admission: \_\_\_\_\_, 20\_\_\_\_ (inclusive)

Discharge \_\_\_\_\_, 20\_\_\_\_ (inclusive)

NUMBER OF NIGHTS \_\_\_\_\_

DATED: \_\_\_\_\_ SIGNED: \_\_\_\_\_

SIGNATURE OF HOSPITAL OFFICIAL (or authorized hospital employee)

FOR: \_\_\_\_\_

NAME OF HOSPITAL