

UNITED FISHERMEN'S BENEFIT FUND

LOSS OF LIFE BENEFITS: DEATH BENEFIT or FUNERAL BENEFIT

LOSS OF LIFE Benefits: General Information: **Death Benefit and Funeral Benefit**

A **Death Benefit** shall be payable to the member's beneficiaries when a qualified member dies. The Death Benefit is also payable to all bona fide salmon net fishermen who deliver their catch to any signatory to the UFAWU-UNIFOR salmon price agreement.

A **Funeral Benefit** shall be payable when a qualified member dies, and no Death Benefit is payable because the member:

- did not have any beneficiaries
- or the member is retired or disabled

DEATH BENEFIT

Payable to a spouse or dependent or beneficiary of a deceased bona-fide commercial fisherman and/or tenderman **\$5,000**
For each dependent child an additional **\$1,500**
Not payable to an estate

FUNERAL BENEFIT

Payable to a spouse or relative of deceased member for reimbursement of funeral cost.
Maximum **\$1,000**
Not payable to an estate

The **Funeral Benefit** shall be payable on behalf of a deceased member to:

- a) any relative of the deceased member who assumes financial responsibility for the funeral and related expenses, or
- b) any member, who assumes financial responsibility for the funeral expenses, or
- c) where there is no claim by a person assuming financial responsibility, the benefit shall be payable to the spouse of the deceased member.

Payment for Decent Burial

in the case of the death of a member the Board of Trustees is empowered to arrange for decent burial if no beneficiary is known to the Board at the time of death and to pay the costs thereof to an amount not to exceed \$1,000.00.

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)



UNITED FISHERMEN'S BENEFIT FUND

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

CLAIM FOR LOSS OF LIFE BENEFIT (DEATH BENEFIT)

DATE _____ 20 ____

NAME OF DECEASED _____

RESIDENCE OF DECEASED _____

AGE AT DEATH _____ SOCIAL INSURANCE NUMBER _____

NAME OF VESSEL OR BOAT _____

TYPE OF VESSEL OR BOAT _____

JOB OF DECEASED ON VESSEL OR BOAT _____

FISHING FOR OR EMPLOYEE AT TIME OF ACCIDENT OR ILLNESS (Name of company or plant, if applicable) _____

ON WHAT DATE DID DECEASED LAST FISH OR PACK? _____

DATE OF DEATH _____ PLACE OF DEATH _____

CAUSE OF DEATH (Description in doctor's or coroner's report, if available. If not, name and address of attending physician or coroner): _____

FULL DESCRIPTION OF CIRCUMSTANCES that resulted in death (In what work was the deceased engaged at the time of accident or illness?): _____

NAME OF CLAIMANT _____

ADDRESS OF CLAIMANT _____

_____ POSTAL CODE _____

PHONE NUMBER _____

RELATIONSHIP OF CLAIMANT TO DECEASED _____

1. To be filled in and signed by the spouse of deceased.

I hereby declare that I was the spouse of _____ at the time of death
and I have been since (day) _____ (month) _____ (year) _____

DATE: _____ 20 _____ **SIGNATURE OF CLAIMANT** _____

2. To be filled in and signed if claim is made for dependent children (please submit copies of birth certificates). UFBF bylaws define a dependent child as one who is 18 years of age or under or 25 years of age or under if he/she is a student in full-time attendance.

THE CHILDREN OF THE DECEASED WHO WERE WHOLLY DEPENDENT ON THE DECEASED ARE:

NAME	ADDRESS	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DATE: _____ 20 _____ **SIGNATURE OF CLAIMANT** _____

I HEREBY CERTIFY THAT THE ABOVE CLAIMANT _____

WHO IS PERSONALLY KNOWN TO ME APPEARED TO ME ON THE _____ **DAY**
OF _____ **AND STATED THAT THE ABOVE STATEMENTS ARE TRUE AND**
CORRECT AND THAT ALL MATERIAL FACTS HAVE BEEN STATED HEREIN.

SIGNATURE OF WITNESS _____

ADDRESS OF WITNESS _____

All claims should be mailed or delivered to:

**Benefit Fund Director
United Fishermen's Benefit Fund
1st Floor, 326-12th Street,
New Westminster, B.C.
V3M 4H6**



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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 FUNERAL BENEFIT

NAME OF DECEASED _____

DATE OF DEATH _____ AGE AT DEATH _____

DATE OF BURIAL _____ SOCIAL INSURANCE NO. _____

RELATIVE OR MEMBER ASSUMING FINANCIAL RESPONSIBILITY _____

RELATIONSHIP TO DECEASED _____

WAS THE DECEASED A MEMBER OF:

- UFAWU-UNIFOR
- NATIVE BROTHERHOOD OF B.C.
- CANOE PASS CO-OP
- NONE OF THE ABOVE

Vessel last fished and company delivered to:

DATE OF RETIREMENT _____

AGE AT RETIREMENT _____

DATE: _____ SIGNATURE OF CLAIMANT _____

PHONE: _____ ADDRESS: _____

CITY OR TOWN _____

POSTAL CODE _____

I HEREBY CERTIFY THAT THE ABOVE CLAIMANT _____
WHO IS PERSONALLY KNOWN TO ME APPEARED BEFORE ME ON THE _____ DAY OF
_____ AND STATED THAT THE ABOVE STATEMENTS ARE TRUE AND
CORRECT AND THAT ALL MATERIAL FACTS HAVE BEEN STATED HEREIN.

NAME OF WITNESS _____

SIGNATURE OF WITNESS _____

ADDRESS OF WITNESS: _____

NOTE TO CLAIMANT: Please attach a photocopy of the Death Certificate and all receipts pertaining to the funeral service.