

SHOREWORKER BENEFIT FUND:

TRAVEL ASSISTANCE

GENERAL INFORMATION :

Eligibility: Must have a total of 400 hours of work in the plant

Payable to members and their children required to travel out of town for medical services

Travel costs85% reimbursement of applicable travel costs

Accommodation.....\$200 per day to maximum 5 days

\$5,000 lifetime limit per family member for travel assistance

Travel Assistance Travel Assistance Benefit will be provided for:

- a) A member, spouse or dependent child referred for emergency or specialized medical services not available locally, and
- b) A member or a designated escort required emergency or medical reasons acceptable to the Board of Trustees to accompany a member or dependent spouse and/or child who is referred for emergency or specialized medical services not available locally.

Verification Claims must be verified by:

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

Amount of Benefit

- a) Travel Fare — Members will be reimbursed 85% of the most practical return fare to a maximum of \$1,000 per claim.
- b) Travel fare shall include fares for airplane, ferry, bus or train. In the case of automobile transportation, only receipts for ferry and fuel are included. Costs for taxi or public transit shall be limited to \$100 for a three-day period.
- c) Allowance — an allowance of two hundred dollars (\$200) per day for hotel and meals shall be payable where such expenses are incurred & receipts are submitted. The allowance shall be payable to a maximum of five days.
- d) Only one claim shall be payable for one incident. A claim may be payable for up to two travel fares and one allowance.
- e) A lifetime limit of \$5,000 may be paid on behalf of each family member.

The above is a general description, If you need help or more information:

SHOREWORKERS' BENEFIT FUND: 604 519-3634

First Floor - 326 12th Street, New Westminster, BC V3M 4H6

UFAWU-Unifor New Westminster: 604 519 3630

UFAWU-Unifor Prince Rupert: 250 624 6048 or 1-888 624 6625



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

TRAVEL EXPENSE

NAME _____ PHONE _____

ADDRESS _____

POSTAL CODE _____

S.I. NUMBER _____ DATE OF BIRTH _____

EMPLOYER _____ DATE LAST WORKED _____

DATES OF TRAVEL: LEAVE _____ RETURN _____

TRAVEL EXPENSE FOR: (Please attach all receipts. Receipts returned only by request)

AIRLINE _____ BUS _____ FERRY _____ GAS _____ OTHER _____

All information is true and complete. I consent to the disclosure of this personal information to SWBF, 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

(Please have your physician complete this portion)

REASON FOR TRAVEL _____

IS TREATMENT AVAILABLE LOCALLY? _____

LENGTH OF STAY REQUIRED _____

IS AN ESCORT REQUIRED FOR THIS PATIENT? YES _____ NO _____

DATE _____ 20 _____ SIGNATURE _____

ADDRESS _____

OFFICE USE ONLY

TOTAL ALLOWABLE TRAVEL EXPENSE _____

85% OF TOTAL _____

TAXI, BUS ETC. (\$100 MAX.) _____

ADD PER DIEM ALLOWANCE _____

TOTAL TRAVEL ASSISTANCE _____