

UNITED FISHERMEN'S BENEFIT FUND

FUNERAL BENEFIT

General Information: Funeral Benefit

A **Funeral Benefit** shall be payable when a retired member dies

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)



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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.