



Submit to: LiUNA Local 506 Trust Administration | 3750 Chesswood Dr. - Suite 1 | Toronto, ON M3J 2W6 | Tel: (416) 506-8832 | Email: info@506membersbenefits.ca

A. Member Information (Please Print)

Last Name:	First Name:	Gender:	Male	Female	
Address:		Birth Date (m/d/y):			
City:	Province:	Postal Code:			
Union ID <i>or</i> Social Insurance Number (SIN):		Telephone #:			
Email Address:		Cell #:			
Marital Status:	Married/Common-Law	Single	Plan:	Construction	Industrial (Wreckers)

B. Jury Duty Information - To be completed by the Member

Court in which Jury Duty was served: _____

Number of days' earnings lost: _____

Total per diem Allowance paid by Court: _____

I hereby claim that the Jury Duty Benefit payable to me in accordance with the terms of Labourers' Local 506 Construction Division Employee Benefit Trust Fund/Labourers' Local 506 Industrial Division Employee Benefit Trust Fund and declare that the information given above is true and accurate.

Member Signature: _____ Date: _____

C. Jury Duty Information - To be completed by the Employer

Members Full Name: _____

Last date worked before interruption: _____

Date returned to work after interruption: _____

Number of work days lost: _____

Did the member receive any wages during the interruption? Yes No

If YES, how much did the member receive (\$)? _____

I hereby declare that the above named member suffered a loss of earnings due to an interruption of employment normally performed by him/her, to the extent indicated above.

Company Name & Stamp/Seal: _____

Authorized Signator Name/Title: _____ Telephone: _____

Authorized Signature: _____ Date: _____

• **A FALSE AND/OR FRAUDULENT STATEMENT ON THIS APPLICATION WILL RESULT IN DENIAL OF BENEFITS AND/OR LEGAL AND/OR COURT ACTION BEING TAKEN BY THE BOARD OF TRUSTEES.**