



# CMAW

BENEFIT PLAN

## CMAW Benefit Plan

1000 – 4445 Lougheed Hwy, Burnaby, BC V5C 0E4

Toll-Free: 1.844.366.2629 Fax: 604.433.8894

### EMPLOYMENT INSURANCE SICKNESS BENEFIT HOUR BANK ASSISTANCE

Member Name		Member Number	
Address:		Phone Number	
City		Postal Code	
Date of sickness			
Claim period from		To	

Signature of member \_\_\_\_\_

Date signed \_\_\_\_\_

**Please note: Proof of E.I. sickness benefit payment must be submitted with each claim.**

#### MEMBER INFORMATION

- It is the member's responsibility to initiate the claim.
- For each day of Wage Indemnity, Workers' Compensation or EI sickness benefits, the CMAW Benefit Plan **will extend eight (8) hours for each day you are in receipt of disability benefits, to a maximum of one hundred twenty (120) hours per month to a maximum of six (6) months.**
- A member must be on the employer paid Full package at the time of sickness to be eligible for hour bank credit assistance.
- If requested, original E.I. cheque stubs will be stamped and returned to the member.
- If your hour bank runs low, do not neglect your Shortage of Hours Notice if continuation of coverage is desired. Sickness credits are provided to maintain coverage already active, and cannot apply retroactively to reinstate coverage if terminated.

#### PLAN OFFICE USE ONLY

Employer Paid Full Plan Y \_\_\_ N \_\_\_

Employer Paid MSP Plus Y \_\_\_ N \_\_\_

Claim maximum reached Y \_\_\_ N \_\_\_

Number of days claiming	
X 8 hours per day	
Total Qualified Credits	

Adjudicator \_\_\_\_\_

Date processed \_\_\_\_\_