



UNITED FISHERMEN'S BENEFIT FUND

#4 – 830 14TH Ave, Campbell River, B. C. V9W 4H4 778 645 0578 Benefits@ufawu.org

CLAIM FOR HOSPITAL BENEFIT

PATIENT'S NAME _____

ADDRESS _____ PHONE _____

CITY _____ POSTAL CODE _____

SOCIAL INSURANCE # _____ DATE OF BIRTH (M/D/Y) _____

MEMBER OF UFAWU-UNIFOR NBBC

STATUS: FISHER TENDERMAN RETIRED SICK CREDITS

FISHING YOU HAVE DONE IN THE PAST YEAR: (OR AT THE TIME OF RETIREMENT)

| DATE (MO./YEAR) | TYPE OF FISHING | NAME OF BOAT | COMPANY YOU DELIVERED-MOST OF YOUR CATCH TO: |
|-----------------|-----------------|--------------|--|
| | | | |
| | | | |
| | | | |

DATED: _____ SIGNED: _____

SIGNATURE OF MEMBER

If during your recent illness, you were hospitalized for a portion of the time, please have the next section of the form completed by the hospital and/or your family doctor. If you have any other official documents (such as a receipt) that establishes the dates of your hospital stay, you can send that document to us in place of this form. We will return any original documents to you.

PATIENT'S NAME _____

DATES OF CONFINEMENT Admission: _____, 20____(inclusive)

Discharge _____, 20____(inclusive)

NUMBER OF NIGHTS _____

DATED: _____ SIGNED: _____

SIGNATURE OF HOSPITAL OFFICIAL (or authorized hospital employee)

FOR: _____

NAME OF HOSPITAL