



UNITED FISHERMEN'S BENEFIT FUND

#4 - 830 14th Ave Campbell River, B.C. V9W 4H4

778 645 0578

Benefits@ufawu.org

CLAIM FOR LOSS OF LIFE BENEFIT

DATE _____ 20 ____

NAME OF DECEASED _____

RESIDENCE OF DECEASED _____

AGE AT DEATH _____ SOCIAL INSURANCE NUMBER _____

NAME OF VESSEL OR BOAT _____

TYPE OF VESSEL OR BOAT _____

JOB OF DECEASED ON VESSEL OR BOAT _____

FISHING FOR OR EMPLOYEE AT TIME OF ACCIDENT OR ILLNESS (Name of company or plant, if applicable) _____

DATE DECEASED LAST FISHED OR PACKED? _____

DATE OF DEATH _____ PLACE OF DEATH _____

CAUSE OF DEATH (Description in doctor's or coroner's report, if available. If not, name and address of attending physician or coroner): _____

FULL DESCRIPTION OF CIRCUMSTANCES that resulted in death (In what work was the deceased engaged at the time of accident or illness?): _____

NAME-OF-CLAIMANT _____

ADDRESS OF CLAIMANT _____

_____ POSTALCODE _____

PHONENUMBER _____

RELATIONSHIP OF CLAIMANT TO DECEASED _____

1. To be filled in and signed by the spouse of deceased.

I hereby declare that I was the spouse of _____ at the time of death
and I have been since (day) _____ (month) _____ (year) _____

DATE: _____ 20 _____ **SIGNATURE OF CLAIMANT** _____

2. To be filled in and signed if a claim is made for dependent children (please submit copies of birth certificates). UFBF bylaws define a dependent child as one who is 18 years of age or under or 25 years of age or under if he/she is a student in full-time attendance.

THE CHILDREN OF THE DECEASED WHO WERE WHOLLY DEPENDENT ON THE DECEASED ARE:

| NAME | ADDRESS | DATE OF BIRTH |
|-------------|----------------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

DATE: _____ 20 _____ **SIGNATURE OF CLAIMANT** _____

I HEREBY CERTIFY THAT THE ABOVE CLAIMANT _____

WHO IS PERSONALLY KNOWN TO ME APPEARED TO ME ON THE _____ **DAY**
OF _____ **AND STATED THAT THE ABOVE STATEMENTS ARE TRUE AND**
CORRECT AND THAT ALL MATERIAL FACTS HAVE BEEN STATED HEREIN.

SIGNATURE OF WITNESS _____

ADDRESS OF WITNESS _____

All claims should be mailed or delivered to:

Benefit Fund Director
United Fishermen's Benefit Fund
#4 – 830 14th Ave
Campbell River, B.C.
V9W 4H4