

UNITED FISHERMEN'S BENEFIT FUND

FUNERAL BENEFIT

OR

LOSS OF LIFE BENEFIT

You may claim one or the other (not both)

FUNERAL BENEFIT

Payable to a spouse or relative of deceased member for reimbursement of funeral cost.
Maximum **\$.1,000.** Not payable to an estate.

Funeral Benefit

Shall be payable when a member of the UFBF dies, and a Loss of Life claim is **NOT** payable because the member:

- did not have any beneficiaries.
- or the member is **retired** or disabled.

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.

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LOSS of LIFE BENEFIT:

Shall be payable to the member's beneficiaries when a eligible member of the UFBF dies. Not payable to an estate

LOSS of LIFE BENEFIT:

Payable to a spouse or dependent child, of a deceased fisherman or tenderman who was actively engaged in a regular commercial fishery **\$5,000**
For each dependent child..... an additional **\$1,500**

The above is a general description of the Benefit for more information, please contact:

United Fishermen's Benefit Fund: 778 645 0578

250 624 6048 or 604 519 3644

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



UNITED FISHERMEN'S BENEFIT FUND

#4 830 -14th Ave. Campbell River, B. C. V3M 4H4

778 645 0578

Benefits@ufawu.org

CLAIM FOR FUNERAL BENEFIT

NAME OF DECEASED _____
FIRST INITIAL(S) LAST

DATE OF DEATH _____ AGE AT DEATH _____
MM/DD/YYYY

DATE OF BURIAL _____ SOCIAL INSURANCE NO. _____
MM/DD/YYYY

RELATIVE or MEMBER Assuming Financial Responsibility _____

RELATIONSHIP TO DECEASED _____

WAS THE DECEASED A MEMBER OF:

- UFAWU-UNIFOR
- NATIVE BROTHERHOOD OF B.C

Vessel last fished and company delivered to:

DATE OF RETIREMENT _____ AGE AT RETIREMENT _____
MM/DD/YYYY

CLAIMANT SIGNATURE: _____ DATE: _____
MM/DD/YYYY

ADDRESS _____

CITY or TOWN _____ PROV: _____ POSTAL CODE: _____

WITNESS:

I HEREBY CERTIFY THAT THE ABOVE CLAIMANT _____

WHO IS PERSONALLY KNOWN TO ME APPEARED BEFORE ME ON _____
MM/DD/YYYY

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 _____

WITNESS ADDRESS: _____

NOTE TO CLAIMANT: Please attach a photocopy of the Death Certificate and all receipts pertaining to the funeral service.



UNITED FISHERMEN'S BENEFIT FUND

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

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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**