



UNITED FISHERMEN'S BENEFIT FUND

#4 -830 14th Ave. Campbell River, BC. V9W 4H4 778 645 0578

Benefits@ufawu.org

CLAIM FOR TRAVEL ASSISTANCE

MEMBER'S NAME _____

ADDRESS _____ CITY _____

POSTAL CODE _____ DATE OF BIRTH (m/d/y) _____

Social Insurance # _____ Pacific Blue Cross # _____ Phone/Cell _____

MEMBER: UFAWU-Unifor
 NBBC

STATUS: FISHER
 TENDERMAN
 RETIRED
 STAFF

DO YOU HAVE ANOTHER PLAN?
i.e. AANDC, GREAT WEST LIFE etc.

YES NO

NAME OF PLAN: _____

Percentage Paid? _____

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

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

DATES OF TRAVEL (LEAVE): _____ RETURN: _____

All information is true and complete. I consent to the disclosure of this personal information to UFBF, to other insurance companies, and to other authorized third parties for the purpose of administering my plan, assessing, and providing benefit coverage, or when required by law.

DATE

SIGNATURE OF MEMBER

ATTENDING PHYSICIAN'S STATEMENT

Reason for Travel: _____

Is treatment available locally: _____

Length of stay required: _____

Physicians signature: _____

Address: _____

Date: _____

OFFICE USE ONLY

Total Travel Allowable Expense: _____

70% of Total:

Per Diem Allowance (\$50/day):

Total Travel Assistance:

Approved by: _____

Date: _____