

UNITED FISHERMEN'S BENEFIT FUND

TRAVEL ASSISTANCE BENEFIT

This is a general description of the Benefit. For more information, please contact: UFBF Director

Travel costs - 70% reimbursement
Per diem (3 days) \$50 per day

Type of Benefit

Travel Assistance will be provided for:

- a) a member, member's spouse or dependent child referred for emergency or specialized medical services not available locally, and

- b) for a member or a designated escort required for emergency or medical reasons to accompany a member or dependent member of his/her family who is referred for emergency or specialized medical services not available locally.

Claims must be verified by:

- a) the referral of a medical practitioner and
- b) receipts for accommodation and travel fare or fuel.

Members will be reimbursed 70% of the most practical return fare.

Reimbursement: The expenses for travel shall be limited to a minimum of 90 kilometers (56 miles) to a maximum of 2,400 kilometers (1,419 miles) round trip from home to treatment centre.

Travel fare shall include fares for airplane, ferry, bus or train.
Costs for taxi or public transit shall be limited to \$100 per incident.
Where automobile transportation is used, reimbursement will be calculated on a per kilometer basis.

An allowance of \$50 per day shall be payable for hotel and meal expenses where such expenses are incurred. The allowance shall be payable to a maximum of three days per week for a maximum of two weeks.

Only one claim shall be payable for one incident. A claim may be payable for two travel fares and one allowance.

A lifetime maximum of five claims may be paid on behalf of each family member.

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 V9W 4H4



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: _____