

**MILLWRIGHT SUPPLEMENTARY UNEMPLOYMENT
INSURANCE PLAN, ONTARIO**

APPLICATION FOR BENEFITS

(To be completed no earlier than the Friday of the week unemployed)

A) MEMBER INFORMATION (Please Print)

Name _____ Certificate Number: _____

Address _____
Street name and number City Postal Code

Date of Birth _____
Day Month Year

Union Initiation Date _____ Last Employer _____
Day Month Year

Week(s) Unemployed From _____ To _____
Day Month Year Day Month Year

Reason for Unemployment: _____

Is Unemployment Due to Disability? No Yes

B) CERTIFICATION OF UNEMPLOYMENT

I hereby apply to the Trustees of the Millwright Supplementary Unemployment Benefit Plan for benefits under the Plan and certify that I have been continuously unemployed for the 7 consecutive days in the period set out above and have applied for Benefits through Employment Insurance.

I hereby certify that to the best of my knowledge and belief the information provided by me is true and accurate and I have not refused work offered to me through the Union for the period stated above.

I hereby certify that the above statements are true, accurate and complete to the best of my knowledge and belief. I understand that the Plan Administrator will use the information provided by me on this form strictly to process my claim. I hereby consent the release of this information to my local union office for authorization as required under this Plan. I hereby authorize the Plan Administrator to evaluate or investigate my claim and release my personal information to qualified third parties, such as Employment Insurance, only to the extent required for such purpose. I hereby authorize my union and any other person or institution to release relevant information to the Plan Administrator solely for the purpose of processing this claim. A photocopy of this release shall be as valid as the original.

Date

Signature of Member

- Note:**
1. Week unemployed must be 7 consecutive days beginning on a Sunday and ending on a Saturday.
 2. **You MUST attach your My Payment Details from your Government of Canada My Service Canada Account.**
 3. If denied E.I. because you did not work sufficient weeks to be eligible for Employment Insurance, or because you have received your maximum entitlement from Employment Insurance, you **MUST** attach a copy of the denial notice/letter to this form.

BUSINESS REPRESENTATIVE CERTIFICATION

I hereby certify that to the best of my knowledge and belief the information provided by the member is true and accurate and he/she has not refused work offered to him/her through the Union for the period of Unemployment stated above.

Date

Signature of Business Representative

Send fully completed form and the required back-up to:

MILLWRIGHT SUPPLEMENTARY UNEMPLOYMENT INSURANCE PLAN
C/O Manion, Wilkins & Associates Ltd., Claims Dept.
626 - 21 Four Seasons Place, Etobicoke, Ontario M9B 0A6
or email sub@manionwilkins.com

Procedures

Ontario Millwrights S.U.B. Plan

In order to qualify for S.U.B. Plan benefits, the Member must be a Member in good standing with a Participating Local Union, and unemployed as a result of a reduction in the work force or temporary layoff.

To be eligible the Member must:

1. Submit a formal S.U.B. Application form within 90 days of their date of unemployment.
2. Applied for Employment Insurance (EI) Benefits online or have reported to a Service Canada Centre and registered for E.I.
3. Have received approval for EI Benefit (s), for unemployment, Maternity/ Parental Leave Benefits, or Caregiving Benefits, or received written confirmation from E.1. that you are not eligible:
 - Because the member did not work sufficient weeks to be eligible for Employment Insurance, or
 - Because the member has received the maximum entitlement from employment insurance.

How to claim S.U.B. Plan Benefits:

1. An Application for S.U.B. Plan Benefits must be completed in full and authorized by the Local Union Business Representative.
IMPORTANT: The member must attach a copy of their E.1. Payment Details (My Service Canada Account → My Payments → My Payment Details) or if the member is denied for one of the reasons above, a copy of the denial/form letter is required.
2. The member may claim for more than 1 week of unemployment at a time. Each requested payment requires an application form.
3. No benefits will be reimbursed for any week in which the member has received any form of employment income.
4. If the member has returned to work or for any other reason no longer qualifies for further benefits, please notify the Contact Centre immediately in order to avoid any overpayment.

Contact: Contact Centre

(416) 234-3511 or toll free 1-866-532-8999