

LABORERS' HEALTH & WELFARE TRUST FUND OF WESTERN CANADA

REQUEST FOR FREEZING OF HOURS

SECTION 1	Member Information		Local Union No					
	Name (Last)		(First)					
			Sex (please circle)		Date of Birth			
			M	F	M	D	Y	
Address (Street)		Social Insurance Number						
City		Prov	Postal Code			Telephone Number		

Please complete appropriate box below

SECTION 2	Request for Worker's Compensation Freezing								
	Please be advised that I, _____, the undersigned participant of the Laborers' Health & Welfare Trust Fund of Western Canada, have received payment from Workers' Compensation Benefits for the period:								
	Start Date	M	D	Y	End Date	M	D	Y	Claim # and copies of Paystub(s) Required
If I am Eligible, I understand that my reserve account of hours will be frozen for the period indicated above, up to the maximum period permitted in the Eligibility Rules.									

SECTION 3	Request for UIC Sickness and Accident Freezing								
	Please be advised that I, _____, the undersigned participant of the Laborers' Health & Welfare Trust Fund of Western Canada, have received payment from Unemployment Insurance Benefits for the period:								
	Start Date	M	D	Y	End Date	M	D	Y	Copies of Paystub(s) Required
If I am Eligible, I understand that my reserve account of hours will be frozen for the period indicated above, up to the maximum period permitted in the Eligibility Rules.									

SECTION 4	Request for Trade School Freezing								
	Please be advised that I, _____, the undersigned participant of the Laborers' Health & Welfare Trust Fund of Western Canada, attended Trade School during the following period:								
	Start Date	M	D	Y	End Date	M	D	Y	Union approval confirmed: Date: _____ Initials: _____
If I am Eligible, I understand that my reserve account of hours will be frozen for the period indicated above, up to the maximum period permitted in the Eligibility Rules.									

SECTION 5	I declare that the statements I have made on this form are complete and true. I understand that if any statement is incomplete or false, any coverage granted may be voided.					
	Signature			Date		

<p>Please return to:</p> <p>Funds Administrative Service Inc. 9th floor, 9707 - 110 Street Edmonton, AB T5K 3T4</p> <p style="text-align: right;">Phone (780) 453-2303 Toll Free 1-800-661-7369</p>	<p>Fund Office Use Only</p> <p>Freezing Code: _____ Date Completed: _____</p> <p>Month: _____ Initials: _____</p>
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