



UA LOCAL UNION 488

BENEVOLENT FUND ARTHUR MURRAY MEMORIAL BENEFIT

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APPLICATION FOR REIMBURSEMENT OF TELEVISION/TELEPHONE EXPENSES INCURRED WHILE A PATIENT IN HOSPITAL

- PLEASE PRINT CLEARLY - INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED -

MEMBER'S INFORMATION

NAME		SIN	
ADDRESS			
CITY		PROVINCE	POSTAL CODE
HOME NUMBER ()		CELL NUMBER ()	

HOSPITAL INFORMATION

NAME OF HOSPITAL					
DURATION OF STAY		START		END	
		MONTH	DAY	MONTH	DAY
		YEAR		YEAR	
EQUIPMENT RENTED		TELEVISION <input type="checkbox"/>	TELEPHONE <input type="checkbox"/>	BOTH <input type="checkbox"/>	
COST OF RENTED EQUIPMENT		\$			

X

MEMBER'S SIGNATURE

DATE

PLEASE ATTACH RECEIPT(S) TO THE APPLICATION FORM TO SHOW PROOF OF PAYMENT - THANK YOU!

OFFICE USE ONLY	DATE OF GOOD STANDING	MEMBER'S DUES PAID TO
	APPLICATION APPROVED YES <input type="checkbox"/> NO <input type="checkbox"/>	REASON APPLICATION WAS DENIED
	APPROVED AMOUNT \$	

Date Received

Date Approved
