

Supplementary Benefit Trust Fund SPECIAL ASSISTANCE CLAIM

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UA LOCAL UNION 488

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED - PLEASE PRINT CLEARLY

MEMBER information

NAME		SIN
ADDRESS		
CITY	PROVINCE	POSTAL CODE
PHONE NUMBER ()		

CLAIM information

WHO IS THE REQUEST BEING MADE FOR?	YOURSELF <input type="checkbox"/>	ON BEHALF OF ANOTHER INDIVIDUAL <input type="checkbox"/>
AMOUNT REQUESTED? \$		
TYPE OF CLAIM?	EMERGENCY <input type="checkbox"/>	TRAVEL EXPENSE <input type="checkbox"/>
	HEALTH/MEDICAL <input type="checkbox"/>	SPECIALIZED TRAINING <input type="checkbox"/>
	OTHER _____	

Member's Signature

Date

~ Application must be accompanied by a letter outlining your request in further detail ~

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

Date Received

Date Approved

[SECTION 4]
SPECIAL ASSISTANCE

By-Laws and Working Rules

Member's Benefits

~ Revised January 2024 ~

- 4.01 The Supplementary Benefit Fund Trustees will consider requests from members for special assistance upon written application.
 - 4.02 The Fund may reimburse up to a maximum of one thousand dollars (\$1,000.00) per family, per year for expenses to seek or obtain medical attention where there is sufficient evidence to warrant such.
 - 4.03 The Trust Fund may provide grants to members in good standing for the training of single dependent children with learning or other disabilities. These disabilities shall include any handicap where specialized training is required for the individual to obtain future self-sufficiency.
 - 4.04 Claims must be made in writing and must be accompanied by the proper documentation supporting the claim.
 - 4.05 Dependent children are defined in Section 1, Clause 1.06.
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No member shall be eligible for Supplementary Benefit Trust Fund benefits unless that member has had a minimum of six hundred (600) hours of contributions remitted on his/her behalf by a contributory employer within twenty-four (24) months of the date of application to the Supplementary Trust Fund Benefit Plan. Effective January 1, 2024.

SHOULD YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING YOUR CLAIM, PLEASE FEEL FREE TO CONTACT THE OFFICE @ 780.452.7080