

Quinte St. Lawrence Electrical Workers Health & Welfare and Pension Trust Funds
40 Binnington Ct.; Kingston, ON Canada K7M 8S3

Toll Free Number 800-631-3207
Phone Number 613-547-4115 ext. 2
Fax Number 613-547-1678
Email: mcotman@kos.net

Date: _____

Attention: Q.S.L.E.W./115 IBEW Member

Name of Member: _____

Social Insurance Number: _____

Our Short Term Disability Plan is an approved integrated plan with Employment Insurance, therefore, we require certain information concerning your E.I. Sickness benefits. Please have this form completed and authorized by an E.I. representative or provide written confirmation from E.I. of the following.

You cannot be on a regular E.I. claim if you are unable to work due to disability.

Dates of Waiting Period for **Sick** Benefits (Usually the 1st 2 weeks of your E.I. Claim)

_____ to _____

Benefit Approval Period for **Sick** Benefits (You should also receive a letter from E.I. confirming your dates)

_____ to _____

Date E.I. **Sickness** Benefits Expired (copy of last stub usually required)

Authorized Signature of E.I. Representative _____ Phone # _____

Date _____

These dates can vary widely, depending on your current employment status as well as ongoing and new claim periods for E.I. Sickness benefits can sometimes extend a regular E.I. claim period as well, therefore, it is crucial that we have the appropriate payment information to provide to the Insurance Company. Great West Life will reimburse approved claims up to 26 weeks after your date of disability, less any weeks paid by E.I. Sickness benefits. Great West Life will not make any payments until the above portion of this form is completed by an E.I. official. Any costs incurred in the completion of this form are the member's responsibility.

Return the completed form, or proof of the above dates, to the Union Hall.