

A Member Information (Please Print)				
Last Name	First Name	Gender	Male	Female
Address		Birth Date (yyyy/mm/dd)		
City		Province	Postal Code	
Union ID OR Social Insurance Number (SIN)			Country	
Email Address			Telephone No.	
Marital Status	Married Common-Law	Single Separated	Divorced Widow	Cell No.

B Jury Duty Information – To be completed by the Member	
Court in which Jury Duty was served:	_____
Number of days' earnings lost:	_____
Total per diem Allowance paid by Court:	_____
I hereby claim that the Jury Duty Benefit payable to me in accordance with the terms of LiUNA Local 183 Members' Group Legal and Paid Leave Trust Fund and declare that the information given above is true and accurate.	
Member Signature: _____	Date: _____

C Jury Duty Information - To be completed by the Employer	
Members Full Name:	_____
Last date worked before interruption:	_____
Date returned to work after interruption:	_____
Number of work days lost:	_____
Did the member receive any wages during the interruption?	Yes No
If YES, how much did the member receive (\$)?	_____
I hereby declare that the above named member suffered a loss of earnings due to an interruption of employment normally performed by him/her, to the extent indicated above.	
Company Name & Stamp/Seal:	_____
Telephone No.:	_____
Authorized Signature: _____	Date: _____

A FALSE AND/OR FRAUDULENT STATEMENT ON THIS APPLICATION WILL RESULT IN DENIAL OF BENEFITS AND/OR LEGAL AND/OR COURT ACTION BEING TAKEN BY THE BOARD OF TRUSTEES.