

**A Member Information (Please Print)**

Last Name	First Name	Gender	Male	Female
Address		Date of Brith (yyyy/mm/dd)		
Town/ City	Prov.	Postal Code	Country	
Member Advantage Benefit Card ID Number (last 10 digits)		Social Insurance Number (SIN) - ONLY if no Member Advantage Benefit Card ID		
Email Address		Phone #		
Marital Status	Married Common-Law	Single Separated	Divorced Widow	Cell #

**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 &amp; 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.**