

**A Member Information (Please Print)**

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

**B Claim Information**

**In order to properly and accurately address your claim, please provide photocopies of all pay stubs, showing vacation pay deductions, for all work months.**

Vacation Pay Fund:                      HVP                                      SHP

Work Months: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company No.: \_\_\_\_\_

Type of Problem: \_\_\_\_\_

Cheque No.: \_\_\_\_\_

**C Member Authorization**

Member Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name)

Member Signature: \_\_\_\_\_ Witness: \_\_\_\_\_