

# Supplementary Benefit Trust Fund SPECIAL ASSISTANCE CLAIM

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www.local488.ca



**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 ~**

<b>OFFICE USE ONLY</b>	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**  
**Members Benefits**

~ Revised January 2020 ~

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- 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 (\$1000.00) per family, per year for travel expense to seek or obtain medical attention where there is sufficient evidence to warrant such travel.
- 4.03** The Trust Fund will 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.
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No member shall be eligible for Supplementary Benefit Trust Fund benefits unless that member has had a minimum of three hundred (300) 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 Benefit Trust Plan.

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