



Roofers & Waterproofers Local Union 44

Welfare Fund

1651 East 24th Street Cleveland, OH 44114
(216)771-8220 Fax (216) 771-1481

APPLICATION FOR JURY DUTY/ BEREAVEMENT BENEFIT

PART I

(PLEASE PRINT)

Member's name: _____ SSN: _____

Address: _____

Telephone: ____ (____) _____

I WAS UNABLE TO WORK IN "COVERED EMPLOYMENT" DUE TO JURY DUTY OR BEREAVEMENT DURING THE DATES OF:

_____, _____ **THROUGH** _____, _____

ENCLOSED IS PROOF OF DEATH OF THE FAMILY MEMBER OR COURT STATEMENT WHICH SUBSTANTIATES THE DATES INDICATED ABOVE.

FOR PURPOSES OF BEREAVEMENT ONLY, PLEASE INDICATE & SUBSTANTIATE THROUGH DOCUMENTATION THE FOLLOWING:

DECEASED NAME _____ RELATIONSHIP TO MEMBER _____

DATE OF BURIAL _____ DATE SUBMITTED _____

MEMBER'S SIGNATURE: _____

PART II

ADMINISTRATIVE OFFICE USE ONLY

Date received _____ Benefit Classification _____

Eligibility Date _____ Hours in past 12 months _____

Certificate No. _____ Gross benefit _____

Total weeks paid _____ Workmens Comp. Ded. _____

Total amount Claim _____ Net Weekly Benefit _____