



IBEW LOCAL 353

Pension & Benefits Plan

Critically Ill Leave Form
Child or Adult

Complete, sign and date this form to maintain your benefits coverage and pension credits during a medical leave to care for a critically ill individual and return to TEIBAS for processing. If you have any questions or need any assistance in completing this form, please contact TEIBAS at 416-637-6789 or 1-800-267-0602 (toll free). All leaves are subject to the provisions and standards outlined in the *Ontario Employment Standard Act*.

A member can take a leave for up to 37 weeks to provide care or support to a critically ill minor child, or 17 weeks in relation to a critically ill adult within a 52 week period. "Critically ill" means that a person's baseline state of health has significantly changed and their life is at risk as a result of an illness or injury. It does not include chronic conditions. Critical illness leave may be taken to provide care or support for whom a qualified health practitioner has issued a certificate stating:

1. that the minor child is a critically ill minor child, or the adult is a critically ill adult who requires the care or support of one or more family members, and
2. sets out the period during which the minor child or adult requires the care or support.
 - A "minor child" means a child, stepchild, foster child or child who is under legal guardianship, and who is under 18 years of age.
 - An "adult" means a person who is 18 years of age or older.

1. Member Information (please print clearly in ink) – Required

Social Insurance Number (SIN) - (optional)	PIN – 10-digit number found on drug card	
Last Name	First Name	Middle Initial(s)

2. Leave Information

Employer Name	
Leave Start Date (DD/MM/YYYY)	Leave End Date (DD/MM/YYYY)

3. Specified Family Members

When submitting this form, include documentation (as soon as it is available) from a qualified health practitioner indicating the:

- name of the minor child or adult
- state that the minor child or adult is critically ill or has been critically injured
(There is no requirement that the certificate specify what illness or injury the person has; it needs only to state that the person is critically ill or critically injured)
- state that the child requires the care or support of at least one family member, and
- set out the period during which the minor child or adult requires the care or support.

You must be covered under the IBEW Local 353 Group Benefit Plan prior to receiving critical care leave benefit coverage and pension credits. Your health and welfare benefit coverage and pension credits will be based on the leave dates indicated on your application form. For leaves starting or ending mid-month, credits will be pro-rated. As you may qualify for Supplemental Unemployment Benefits (SUB), contact the IBEW Local 353 Union Hall at 416-510-3530. Please check the box for which specified family member you are taking the leave for:

the employee's spouse a parent, step-parent or foster parent of the employee or of the employee's spouse a child, step-child or foster child of the employee or of the employee's spouse a brother, step-brother, sister or step-sister of the employee	a brother-in-law, step-brother-in-law, sister-in-law or step-sister-in-law of the employee a grandparent or step-grandparent of the employee or of the employee's spouse a grandchild or step-grandchild of the employee or of the employee's spouse a son-in-law or daughter-in-law of the employee or of the employee's spouse	an uncle or aunt of the employee or of the employee's spouse a nephew or niece of the employee or of the employee's spouse the spouse of the employee's grandchild, uncle, aunt, nephew or niece a child who is under legal guardianship of the employee or the employee's spouse Critical illness leave may also be taken for a person who considers the employee to be like a family member.*
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*If selecting this category you must provide a completed [Compassionate Care Benefits Attestation Form](#), available from www.canada.ca

I consent to the collection, use and disclosure of all information provided on this form for the purposes outlined in the TEIBAS Privacy Policy. I also certify that all of the information provided on this form is correct and accurate to the best of my knowledge.

Your Signature: _____ Date: _____ (DD/MM/YYYY)



Mail, fax, or scan and email to members@teibas.com

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