



IBEW LOCAL 353

Pension & Benefits Plan

Family Caregiver Leave

Complete, sign and date this form to maintain your benefits coverage and pension credits during family caregiver leave 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).

A member can take Family Caregiver Leave for up to 8 weeks per calendar year to provide care or support to certain family members if a qualified medical practitioner has issued a certificate stating that the family member has a serious medical condition. The 8 weeks of a family caregiver leave do not have to be taken consecutively. However, the member must take the leave in one-week periods. All leaves are subject to the provisions and standards outlined in the *Ontario Employment Standards Act, 2000*.

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. Requirements

When submitting this form you must include:

— Documentation from a qualified health practitioner (as soon as it is available) indicating that the specified family member has a serious medical condition. There is no requirement that the documentation specify the nature of the illness or the diagnosis.

As you may qualify for Supplemental Unemployment Benefits (SUB), contact the IBEW Local 353 Union Hall at 416-510-3530.

You must be covered under the IBEW Local 353 Group Benefit Plan prior to receiving family caregiver leave in order to receive benefit coverage and pension credits during your leave. 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.

4. Specified Family Members

Select which of the following specified individuals you are taking a family medical leave for:

<ul style="list-style-type: none"> 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/sister of the employee 	<ul style="list-style-type: none"> 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 spouse of a child of the employee a relative of the employee who is dependent on the employee for care or assistance.
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The specified family members do not have to live in Ontario for the employee to be eligible for family caregiver leave.

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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