



COVID-19 LOCAL 793 EMERGENCY RELIEF GRANT BENEFIT CLAIM FORM **FOR MEMBERS IN RECEIPT OF REGULAR EMPLOYMENT INSURANCE BENEFITS PRIOR TO MARCH 15, 2020**

A Introduction

Effective March 15, 2020 the IUOE Local 793 Life and Health Benefit Plan Trustees established an emergency relief grant to assist eligible Plan Members and their families to deal with the COVID-19 crisis.

If you are currently receiving Regular Employment Insurance (EI) benefits, then in accordance with the EI rules and regulations, the Federal Government may attempt to claw back your Regular EI benefits as a result of any COVID-19 Local 793 Emergency Relief Grant benefit you may receive. Nonetheless, the Trustees have decided to provide eligible Plan Members the COVID-19 Local 793 Emergency Relief Grant and to challenge the government if they claw back your Regular EI benefits as a result.

THIS CLAIM WILL BE PAID EVEN THOUGH THE FEDERAL GOVERNMENT MAY ATTEMPT TO CLAW BACK YOUR BENEFITS
Please notify the Trustees ASAP if you experience a claw back

"Regular EI benefits" are benefits provided under Part I of the *Employment Insurance Act*, except "special benefits" provided under sections 21-23.3. If you are receiving Regular EI benefits, you are required to report income to the Employment Insurance Commission.

Please note: the Trustees reserve the right to terminate your COVID-19 Local 793 Emergency Relief Grant benefit in the event you experience a claw back of your EI benefits.

B Eligibility

In order to qualify for the COVID 19 Local 793 Emergency Relief Grant benefit as a member in receipt of *Regular* EI benefits:

- You must have a letter or document from your Employer indicating from which date you have not been recalled, due to COVID-19, on or after March 15, 2020; and
- You must have continued to receive Regular EI benefit payments since the date you were expecting to be recalled; and
- You must be eligible under the Active Life and Health Benefits Plan when your recall is disrupted.

YOU MUST REAPPLY MONTHLY (EVERY 4 WEEKS) TO GET THE COVID-19 LOCAL 793 EMERGENCY RELIEF GRANT PAYMENT, AND DEMONSTRATE 4 WEEKS OF REGULAR EI PAYMENTS – until you get back to work

C Benefit

The COVID-19 Local 793 Emergency Relief Grant provides a taxable payment of up to \$1,000 per 4-week period (\$250 per week) for up to 16 weeks.

This Relief Grant payment is in addition to the gross payments you receive as Regular EI benefits and may be clawed back, in accordance with the EI rules and regulations.

The COVID 19 Local 793 Emergency Relief Grant is effective retroactive to March 15, 2020.

D How to submit a claim

To ensure prompt payment of your COVID-19 Local 793 Emergency Relief Grant, please complete this claim form in its entirety and provide the required documents:

- Proof you are in receipt of payments from Regular EI benefits; AND
- The letter or document from your Employer indicating from which date you have not been recalled, due to COVID-19; AND
- Your banking information (refer to Section G)

The documents providing proof that you are in receipt of payments from Regular EI benefits include a copy of CRA confirmation, EI benefit cheque or EI direct deposit confirmation.

For more information on how to register and/or navigate these websites please see the COVID-19 Local 793 Emergency Relief Grant page of the OEBAC website: <https://www.oebac.org>.

E Plan Member information

First Name:

Last Name:

Phone #:

Email:

Certificate # from your OEBAC Drug Card:



Full address (street, city, province, postal code)

F How has COVID-19 disrupted your employment?

What date were you expecting to be recalled to work? Date (yyyy-mm-dd): _____
(Must be on or after March 15, 2020)

Your Employer Name: _____

Your Collective Agreement: _____ Type of Equipment: _____
(or enter your industry i.e. Water/sewer or Crane rental, etc.)

How has your employment been disrupted by COVID-19? Please check appropriate box(es)

- ☐ Self-isolated/quarantined ☐ Sickness ☐ Job Loss ☐ Taking care of a sick relative
- ☐ Taking care of children (no daycare available)

Since the date you were expecting to be recalled, please provide the period for which you have received Regular EI payments, and the amount of your Regular EI payments:

From Date (yyyy-mm-dd) _____ to Date (yyyy-mm-dd) _____
(Must be on or after March 15, 2020)

Regular EI payments – weekly amount: \$ _____

Total Amount paid for the period: \$ _____

YOU MUST REAPPLY MONTHLY (EVERY 4 WEEKS) TO GET THE COVID-19 LOCAL 793 EMERGENCY RELIEF GRANT PAYMENT, AND DEMONSTRATE 4 WEEKS OF EI REGULAR PAYMENTS – until you get back to work

You must include the supporting documents (see Section D) validating that you are receiving Regular EI payments so we can process your claim.

G Direct deposit information

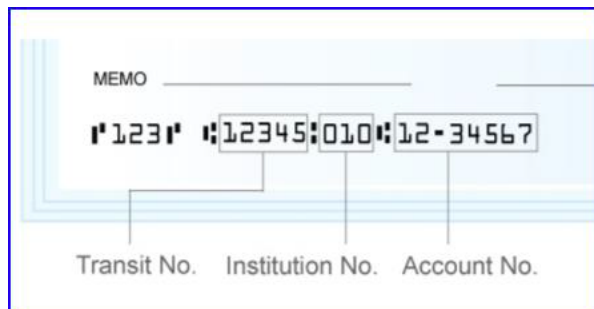
If your application is approved, your COVID-19 Local 793 Emergency Relief Grant benefit payments will be directly deposited into your account at your financial institution. **Your banking information and authorization is required to process your Emergency Relief Grant payment.**

- By checking this box, ☐ I authorize any benefits to which I am entitled under this claim to be deposited into the same account on file where my Health and Life claims are directly deposited.
- If we do not currently have your banking details, please provide below:

BANKING INFORMATION – provide a void cheque or bank letter

Transit No.	Institution No.	Account No.

Finding your banking information on a cheque:



- Please note that by providing your banking information above, you authorize any claim payment under the Health and Life plan to be deposited into this bank account.

FRAUDULENT claims are costly for all participants in a benefit plan and we will verify information to support your claim through requests for information and against employer remittances.

ANY Plan Member who intentionally provides false or misleading information in relation to this claim will be penalized.

By signing below,

- ✓ I certify that all the information I provided in this form is true and complete.
- ✓ I understand and authorize OEBAC to conduct all necessary investigations that may be required in order to verify the validity of my claim.
- ✓ If there is an overpayment, I agree to pay the full amount immediately upon being notified to do so.
- ✓ I hereby declare that my employment was disrupted due to the COVID-19 crisis on or after March 15, 2020.
- ✓ I hereby declare that I did not work at ANY occupation or employment during the period(s) for which I am claiming the COVID-19 Local 793 Emergency Relief Grant benefits.
- ✓ I hereby declare that I am not receiving a pension benefit from the IUOE Local 793 Pension Plan.
- ✓ I hereby authorize the use of my Social Insurance Number for tax reporting and the administration of this benefit.
- ✓ I confirm that I understand that I am obligated to report my earnings to the Employment Insurance Commission while in receipt of Regular EI benefits.
- ✓ I confirm that I understand that the COVID-19 Local 793 Emergency Relief Grant is a taxable benefit and I may be required to report the COVID 19 Local 793 Emergency Relief Grant benefit as income.

- ✓ **I understand and acknowledge that this claim will be paid even though the federal government may claw back my income.**
- ✓ **I understand and acknowledge that the Trustees reserve the right to terminate my COVID-19 Local 793 Emergency Relief Grant benefit in the event I experience a claw back of my Regular EI benefits or other regulatory problems.**
- ✓ **I confirm that I will declare to the CRA and the Employment Insurance Commission that I am getting payments under the Covid-19 local 793 Emergency Relief Grant.**

Name of Plan Member

Signature of Plan Member

Date (yyyy-mm-dd)

Reminder:**You Must provide the following documents for your claim to be processed**

- ☐ This form filled in its entirety, including your Certificate # from the OEBAC Drug Card; AND
- ☐ Letter or document from your Employer indicating from which date you have not been recalled to work, due to COVID-19; AND
- ☐ Proof that you are receiving EI payments for each 4-week period you are claiming; AND
- ☐ Banking Information