

HARMAC EMPLOYEES' MUTUAL BENEFIT ASSOCIATION

Application for EMBA Benefits

1000 Wave Place, Nanaimo, BC V9X 1J2

CLAIMANT - FILL IN ALL ITEMS IN THIS SECTION

PLEASE NOTE: A member on becoming ill or injured must make application for benefits to the EMBA Committee on a form provided for the purpose **within twenty-one (21) days** from the time such illness became apparent or such injury was sustained. —2019-2027 Labour Agreement, pg. 123

NAME	DATE (yyyy-mmm-d)	
TELEPHONE #	POSITION	
SPECIFIC NATURE OF ILLNESS OR DISABILITY (<i>Vague reasons will require more information</i>)		
CLAIM DATES (<i>Insert dates for which you are claiming EMBA benefits</i>)	WILL CLAIM GO BEYOND DATES LISTED HERE? YES <input type="checkbox"/> NO <input type="checkbox"/>	IS ABSENCE DUE TO A WORKPLACE INJURY? YES <input type="checkbox"/> NO <input type="checkbox"/>

THIS SECTION TO BE FILLED IN BY CLAIMANT'S PHYSICIAN

NAME OF PHYSICIAN	PHYSICIAN'S TELEPHONE NUMBER
PHYSICIAN'S ADDRESS	
PHYSICIAN'S REPORT - DIAGNOSIS	
WHEN DO YOU EXPECT THE EMPLOYEE WILL BE ABLE TO RETURN TO WORK?	DATE OF VISIT (yyyy-mmm-d)
	PHYSICIAN'S SIGNATURE
DATE RECEIVED BY COMMITTEE	EMBA COMMITTEE'S SIGNATURE

AGREEMENT OF CLAIMANT

If I receive time loss payments from the Worker's Compensation Board, no-fault wage benefits, compensation or damages from an Insurance Carrier or from any person as a result of this disability or the incident causing same, I hereby agree to reimburse the EMBA Fund for any monies received from the Association, together with interest at the rates set from time to time pursuant to the Court Order Interest Act, R.S.B.C. 1979, Chapter 76. If I incur legal expenses in pursuing such claim for compensation or damages, I may deduct 20% from the total of such monies to be paid back to the EMBA Fund as partial reimbursement for my legal expenses (inclusive of all taxes).

I hereby authorize EMBA to contact any insurance Carrier or 3rd Party regarding my claim, in order to arrange for reimbursement directly to EMBA, in accordance with this reimbursement agreement I have signed.

I hereby assign such claim for time loss payments, no-fault wage benefits, or damages or compensation to the EMBA to the extent necessary to reimburse the EMBA Fund pursuant to this agreement. I authorize and irrevocably direct any solicitor having notice of this assignment to fully reimburse EMBA directly the amount required to be paid pursuant to this agreement before releasing any funds to me or for my benefit.

DATE (yyyy-mmm-d)	PLEASE NOTE: <i>If sending this form electronically, typing your name in the box to the right indicates you have officially signed the form.</i> →	CLAIMANT'S SIGNATURE
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FORM VERSION 2021MAY05