

# HYLIFE FOODS/UFCW LOCAL NO. 832 BENEFIT PLAN

3rd Floor, 880 Portage Avenue Winnipeg, Manitoba R3G 0P1  
Phone: 982-4170 ▪ 1-877-982-4170 ▪ Fax: 982-6080

2

## APPLICATION FOR SICK PAY BENEFITS EMPLOYER'S STATEMENT

### PART 1 - CLAIMANT INFORMATION

Name \_\_\_\_\_ SIN \_\_\_\_\_  
(First) (Last)

Mailing Address \_\_\_\_\_

### PART 2 - EMPLOYER'S STATEMENT

Date of Hire \_\_\_\_\_ Last regularly scheduled day worked \_\_\_\_\_

First regularly scheduled day absent from work due to present illness/injury \_\_\_\_\_

Employment Status on date of illness/injury:

At Work  Leave Of Absence  Layoff  Maternity/Parental Leave  Vacation

Regularly Scheduled Days per week  Monday to Friday  Sunday to Thursday  Other \_\_\_\_\_

Is the illness or injury directly related to or resulting from the claimant's employment?

No

Yes. If "Yes" has a claim been filed with Workers' Compensation?  Yes  No

Has the claimant tested positive for Covid-19?  Yes  No

Has claimant returned to work?

No

Yes. If "Yes" date returned to work \_\_\_\_\_

Additional comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Employer \_\_\_\_\_ Date \_\_\_\_\_