

Pension and Benefits  
Administered by



## A Introduction

You need to complete and return this form to have your dollarbank frozen while you are receiving wage loss benefits from one of the following sources:

- Employment Insurance (EI) Maternity or Parental or Compassionate Care benefits
- Workplace Safety and Insurance Board (WSIB)
- Income replacement benefits from your private insurance provider as a result of a motor vehicle accident

Please complete the Plan Member's Information in Section B below and complete the information that applies to your case in Section C and include with this form the documents supporting you are receiving wage loss benefits.

## B Plan Member's Information

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ABCDEFGHIH

Full Name:		From your OEBAC Benefits Card	
Address:		Group #: <input type="checkbox"/> 793 <input type="checkbox"/> 793X	Certificate #: _____
Phone #	Email	Or, from your IUOE Local 793 Card	
		Registration #: _____	

## C Wage Replacement Information

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Please check the applicable box based on the proof of Wage Replacement that you are receiving:

WAGE REPLACEMENT DESCRIPTION	SUPPORTING DOCUMENTATION																
<input type="checkbox"/> <b>Employment Insurance (EI) Benefits</b>  Check off which benefit you will be receiving: <input type="checkbox"/> Maternity Leave <input type="checkbox"/> Parental Leave <input type="checkbox"/> Compassionate Care Leave  Last day worked (YYYYMMDD): _____  Date EI Benefits Started (YYYYMMDD): _____  When are you expected to return to work (YYYYMMDD)? _____	The following documentation must be submitted to OEBAC on a monthly basis for continued no cost coverage: <ul style="list-style-type: none"> <li>➤ Payment Information available on your My Service Canada Account confirming you received EI Benefits like below:</li> </ul> <p><b>My Payments</b></p> <p>_____</p> <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p>Did you know...</p> <ul style="list-style-type: none"> <li>• if you do not receive email alerts when new important Employment Insurance (EI) claim information is available in your My Service Canada Account, go to <a href="#">View my status and correspondence</a> and select "Register for Alert Me" from the left-hand menu to register now!</li> <li>• additional information on your latest claim may be available on the <a href="#">View my status and correspondence</a> page.</li> </ul> </div> <table border="1"> <thead> <tr> <th>Report Covering Period</th> <th>Date Report Processed</th> <th>Net Amount Paid</th> <th>Amended report</th> </tr> </thead> <tbody> <tr> <td>April 25, 2021 to May 01, 2021</td> <td>May 05, 2021</td> <td>\$507</td> <td>No</td> </tr> <tr> <td>April 18, 2021 to April 24, 2021</td> <td>May 05, 2021</td> <td>\$507</td> <td>No</td> </tr> <tr> <td>April 11, 2021 to April 17, 2021</td> <td>May 05, 2021</td> <td>\$507</td> <td>No</td> </tr> </tbody> </table>	Report Covering Period	Date Report Processed	Net Amount Paid	Amended report	April 25, 2021 to May 01, 2021	May 05, 2021	\$507	No	April 18, 2021 to April 24, 2021	May 05, 2021	\$507	No	April 11, 2021 to April 17, 2021	May 05, 2021	\$507	No
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**Workplace Safety and Insurance Board (WSIB)**

Date of Accident (YYYYMMDD): \_\_\_\_\_

WSIB Claim Number: \_\_\_\_\_

Last day worked (YYYYMMDD): \_\_\_\_\_

Check off the type of wage loss benefits you are receiving from the WSIB and when they started:

Full Loss of Earnings Benefits (YYYYMMDD): \_\_\_\_\_

Partial Loss of Earnings Benefits (YYYYMMDD) \_\_\_\_\_

Future Economic Loss Award (YYYYMMDD) \_\_\_\_\_

The following documents from the WSIB can be used to support you are receiving wage loss benefits:

- ✓ **Initial Entitlement Letter** – The WSIB generally issues a decision informing whether initial entitlement has been approved for Health Care and/or Loss of Earnings Benefits.
- ✓ **Work Transition Plan Letter** – A written plan that outlines the kind of specialized assistance or formal training you need to enable you to either return to work with the employer or to re-enter the labour market in the suitable occupation chosen for you.
- ✓ **Final LOE Benefit Review Letter** – Except in specific instances, the final LOE benefit review must occur before the end of the 72<sup>nd</sup> month after the date of the workplace accident.
- ✓ **Annual Indexing Letter** – Every January, the WSIB indexes ongoing benefits and amounts and provides the details about the cost-of-living adjustment(s) in a letter.

**Motor Vehicle Accident**

Date of Accident (YYYYMMDD): \_\_\_\_\_

Claim Number: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Last day worked (YYYYMMDD): \_\_\_\_\_

**IMPORTANT NOTICE:** You will be disentitled to dollarbank freezing if you accept a settlement respecting the “no fault” benefits to which you would otherwise have been entitled and shall be disentitled to benefits to the extent that the settlement constitutes a compromise of or waiver of entitlement to “no fault” benefits otherwise available to you.

The following documents from your insurance company can be used to support you are receiving income replacement benefits:

- ✓ **Explanation of Benefit Letter** – Your insurance company generally issues a decision in relation to entitlement to Income Replacement Benefit.
- ✓ **Ongoing Benefit Letter** – A letter from your insurance company validating as part of your claim income replacement benefits will continue until the age of 65 unless you die or your insurer terminates benefits.
- ✓ **Payment Verification** – Benefit payment statements or bank statements confirming income replacement benefits have been paid.

**D Signature**

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By signing below,

- I request OEBAC to freeze the drawdowns on my dollar bank account.
- I certify that the attached are genuine copies of originals in my possession.
- I solemnly declare that the information provided on this form is accurate to the best of my knowledge.
- I confirm my understanding that if my wage replacement benefits end, I must notify OEBAC within 30 days
- I confirm my understanding that according to the provisions of the Plan,

*Member can establish that any discrepancy in the information submitted was solely due to a bona fide error on his/her part.*

*It is a criminal offence to represent a matter of fact that is known by the person making it to be false and that is made with fraudulent intent to induce the person to whom it is made to act upon it.*

- I authorize IUOE Local 793, OEBAC, and any of its service providers to use and disclose the provided information and any other information collected about me, my Dependants, or my Beneficiaries to process my benefits, to obtain advice, and to manage the Health and Welfare, Group Legal, and Pension Benefits Plans.

*Any Plan Member who obtains, or attempts to obtain a benefit under the Plan to which he/she is not entitled by submitting false, misleading, or inaccurate information, may in the discretion of the Trustees be refused payment of every such benefit, be denied coverage under the Plan, and be declared ineligible for any further benefits under the Plan unless the Plan*

Name of Plan Member	Signature of Plan Member	Date (yyyyy-mm-dd)
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Once you completed this Statement, please return it to OEBAC using one of the three methods described below, retaining the originals for your records.

MAIL this form and all its attachments (no staples please) to

**OEBAC**

**Disability Department**  
2201 Speers Rd., Unit 1  
Oakville, ON L6L 2X9

SCAN both sides of this form and of any attachments and EMAIL all to **disability@oebac.org**

or

FAX this form and any attachments (both sides if required) to

**1-905-469-9066**