

Pension and Benefits
Administered by



A Introduction

The Parental Leave Benefit applies to you only, the Plan Member, if you were covered by the plan at the time of the birth/adoption of your child. There is an entitlement of up to three (3) days off if you wanted to spend some time with your family during this time. In order to be covered for this wage loss you had to be actively working with a signatory employer of 793 (and were not Paying Direct for your benefits) at the time of the birth or the adoption. The benefit shall be \$175 per day up to the maximum of three (3) days as a result of single and multiple births or newly adopted child(ren).

To make this application valid, you will need to attach the following documentation and MAIL in the information to OEBAC.

Single or Multiple Births

- Birth Certificate or temporary Health Card from the hospital
- Personal Information Form including the new dependant(s)

Newly Adopted Child (Children)

- Proof of adoption showing full name and address of the adoption agency
- Personal Information Form including the new dependant(s)

Please note: In the case of adoption, benefits commence the date on which the adoption agency places your child(ren) with you.

Please complete and return an updated Personal Information File (PIF) to notify OEBAC of any changes in information about: you, the Plan Member and your dependants. By doing this on time, you will facilitate faster processing of your claims and reduce the chances of claim rejection.

****The newly completed Personal Information Form must have your original signature on the document before your record can be updated into the system. Anytime you make a change you must re-state everything on the form – your existing dependants’ plus your new baby/adopted child, beneficiary information, banking, authorized inquires, coordination of benefits etc.**

Please note that this claim **cannot** be submitted on the OEBAC Mobile App, Member Web, Fax or via Email. **To process this claim, we must receive the original Personal Information form with the requested copy of proof of birth/adoption information mentioned above.**

B To be completed by Plan Member

For office use only
ABCDEFGHIJ

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

Name of the Biological/Adopted Child	Date of Birth-Biological child (yyyy-mm-dd)	Date of Adoption (yyyy-mm-dd)

By signing below,

- I solemnly declare that the information provided on this form is accurate to the best of my knowledge.
- 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.

Name of Plan Member	Signature of Plan Member	Date (yyyy-mm-dd)
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C To be completed by Employer

For office use only
ABCDEF GH

Company Name	Name of Authorized Representative
Phone # of Authorized Representative	Email of Authorized Representative

Last day of work before interruption (yyyy-mm-dd)	First day of work after interruption (yyyy-mm-dd)	Number of workdays lost by the Plan Member
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I hereby declare the above-named Plan Member had loss of earnings by interruption of the employment otherwise available and normally performed by the Plan Member, to the extent indicated above.

Name of Authorized Representative	Signature of Authorized Representative	Date (yyyy-mm-dd)
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Staple this form and all the attachments and mail them to

OEBAC
2201 Speers Rd., Unit 1
Oakville, ON, L6L 2X9