Marine & Shipbuilders Local 506 Health Benefits Plan
501-4445 Lougheed Hwy Burnaby, BC V5C 0E4
Phone: 1-844-968-7506 | ship506@convyta.com| https://www.ms506benefits.org

Click or tap to enter a date.

UNEMPLOYED DECLARATION

I, _____, ID#: _____ wish to apply to pay the unemployed shortage notice rate for coverage for the month of Click to enter a MMM YYYY..

Must Be Received By: Click or tap to enter a date..

I certify that….

☐ I am ***NOT*** receiving any compensation/benefits from WCB and

☐ I have ***NOT WORKED*** **50** hours or more for wages or on contract for any employer in Click or tap to enter a date.. *I also certify that I was available for dispatch from Local 506 during this same month*, or if "bypassed", it was for the following reason:

_____.

I understand that if I make a false statement in this regard, I expose myself to future cancellation of coverage.

I have paid the total amount of $_____ via

☐ Online via EFT (Electronic Funds Transfer)

☐ Cheque

***** Please Read *****

If eligible, you MUST recalculate by multiplying the Hours Short from the Shortage Notice letter by the current rate of $1.38 to get the new Amount Due at the reduced rate. Either mail or email this form to the address above.

_____ _____

(Signature of Member) (Date)