UNITED FOOD AND COMMERCIAL WORKERS
TRUSTEED DENTAL PLAN – ONTARIO

**Please mail or email the completed form to the address listed below.**

**The Plan Administrator**
Suite 110, 61 International Blvd,.
Toronto, Ontario M9W 6K4

**Email**:
theontariodentalplan@pbas.ca

# Absence From Work Form

| **Part 1A - Employee to complete** | |
|---|---|
| **Member First Name** | **Member Last Name** |
| **Member Certificate Number** | **Phone Number** |
| **Address** | |

| **City/Province** | **Postal Code** | **Member Email Address** |
|---|---|---|

**Part 1B - Self Payment: Employee to complete**

**Self payments can be made to continue dental coverage IF absence is due to Lay Off, Leave Of Absence, or Early Retirement.** ***Please check with the Plan Administrator prior to submitting any payment.***

**I wish to make self payment(s) for the month(s) of ______________________________________________ .**

**I have enclosed a cheque or money order in the amount of $ ____________, payable to the United Food and Commercial Workers Trusteed Dental Fund - Ontario.**

**Part 1C - Employee Signature**

**This section is required. Please ensure that you sign and date this form.**

**I hereby certify that I have not engaged in any occupation or employment, other than with an employer participating in the Plan, since my absence commenced.**

**Member Signature:** ______________________________ **Date** ______________________________

| **Part 2 - Employer to complete** | |
|---|---|
| **Company** | **Email** |

**This employee has been absent from work due to:** ***(please check one)***

- **A) Occupational Injury or Illness**
- **B) Non Occupational Injury or Illness**
- **C) Lay-off**
- **D) Maternity/Parental Leave**
- **E) Other** ______________________________

| **Date Absence Commenced** | **Expected Return to Work Date** |
|---|---|
| **Full Name** | **Title** |

**Authorized Employer Signature** ______________________________ **Date** ______________________________

**www.theontariodentalplan.ca**

**Telephone: (416) 674-3350 | Toll-Free (800) 461-4361 | Fax (416) 674-1525**
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