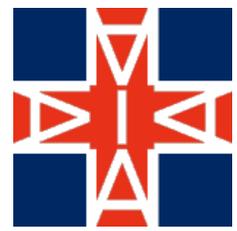




INSULATORS LOCAL 95 LIVING ALLOWANCE TRUST FUND



APPLICATION FOR PAYMENTS

Please forward your completed form to Benefit Plan Administrators (BPA) at L95LivingAllowance@bpagroup.com.
For the direct deposit of your Living Allowance payments, visit www.insulators95benefits.com for an authorization form.

Mailing address: BPA | P.O. Box 3071, Station "A", Mississauga, ON, L5A 3A4 | Toll-free phone number 1-800-867-5615

Is this the first application for payment for this Employee: YES NO
(If yes, please attach completed T.D.4.)

Employee's name: _____

Address for forwarding payment to Employee: _____

Social Insurance Number: _____

Job site location (project): _____

Please review Collective Agreement and complete:
Re: 3.01 (a) (ii)

Over 250 miles YES NO
Remained for weekend YES NO
Worked day before weekend YES NO
Worked day after weekend YES NO

Date Employee commenced work: _____

Calculation of payment for week ending: _____

Living Allowance breakdown:

Monday x _____ hours
Tuesday x _____ hours
Wednesday x _____ hours
Thursday x _____ hours
Friday x _____ hours
Saturday x _____ hours
Sunday x _____ hours

Less: Amount paid by Employer:

Zone 1 @ \$ _____ x _____ days eligible = \$ _____
Zone 2 @ \$ _____ x _____ days eligible = \$ _____
Zone 3 @ \$ _____ x _____ days eligible = \$ _____
Zone 4 @ \$ _____ x _____ days eligible = \$ _____
Zone 5 @ \$ _____ x _____ days eligible = \$ _____
Zone 6 @ \$ _____ x _____ days eligible = \$ _____
Zone 7 @ \$ _____ x _____ days eligible = \$ _____
Zone 8 @ \$ _____ x _____ days eligible = \$ _____
Zone 9 @ \$ _____ x _____ days eligible = \$ _____

LIVING ALLOWANCE:

\$ _____ x _____ hours eligible = \$ _____

SUBTOTAL: = \$ _____

TOTAL AMOUNT DUE TO EMPLOYEE: = \$ _____

THIS IS TO CERTIFY THAT THE ABOVE CALCULATIONS ARE CORRECT.

Name of Employer: _____

Signature on behalf of Employer: _____

Title: _____

Date: _____

THIS WILL CERTIFY THAT THE ABOVE-NAMED EMPLOYEE IS ELIGIBLE FOR A LIVING ALLOWANCE BENEFIT IN ACCORDANCE WITH THE TERMS OF THE COLLECTIVE AGREEMENT.

Authorized signature: _____

Date: _____

FOR ADMINISTRATOR'S USE ONLY

Amount of cheque: _____

Date of cheque: _____

Reason for termination: _____

Termination date: _____

Remarks: _____