

CLAIM FORM GUIDE
Facilities Bargaining Association and HEABC
Bill 29 Settlement Agreement – Joint Governance Committee

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Eligibility: You are eligible to file a claim from the fund established in the Bill 29 Settlement Agreement if you were a regular employee and you received a written displacement notice on or after January 28, 2002 (the effective date of Bill 29) from a Health Sector Employer notifying you that one of the following had occurred:

- your regular position was eliminated due to contracting out;
- your regular position was eliminated due to the closure of a Health Sector facility;
- you were bumped by a more senior employee and lost your job; or
- you were bumped by a more senior employee and earn less than you did before the bump.

The displacement notice set out the date you would last work or be paid in your position and a number of options that might have been available to you (for example, transfer to casual status, post on a vacant position, bump a junior employee).

If you were a casual employee, you are eligible to receive a payment from the fund if your employment was terminated because of contracting out or because of the closure of a Health Sector facility. The termination notice would have listed your last day of employment.

The Health Sector means all publicly funded Health Care Employers, including acute care hospitals and long-term care facilities, which are covered by the Facilities Subsector Collective Agreement. The Health Sector does **not** include contractors such as Sodexo, Aramark, or Compass even though they may provide services to Health Sector Employers.

In order to make a claim, you must complete the Claim Form and submit it to your Union by June 15, 2008. Please keep a copy of your completed Claim Form.

Any previous information you may have provided to your Union is not sufficient for a claim to be considered.

INSTRUCTIONS FOR COMPLETING THE CLAIM FORM

To assist you in completing the Claim Form, the following instructions have been prepared, including specific detail on the basic identifying information at the beginning of the Claim Form (questions #1 to #10) and then for each of Sections A through F.

If you need additional assistance in completing the Claim Form, please contact your Union.

1. **Claimant name:** Please provide your full name, including middle name(s) and/or initials in the following format – first name, middle name(s) or initial, and last name. If you had a different last name at the time of displacement or termination, please provide your previous last name in addition to your current last name.

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2. Current or forwarding address: Please provide your current address or an address at which you can be contacted by mail. If you are entitled to a payment from the fund, you may be sent a cheque by mail. If your address changes after you complete this Claim Form, you must notify your Union.
3. Previous address at date of displacement: Please provide the address where you lived at the time you were issued a displacement or termination notice by your Health Sector Employer, if different from the answer in question #2 above.
4. Phone number and E-mail: Please provide a telephone number at which you can be contacted. Please provide an E-mail address if available.
5. Social Insurance Number and Union affiliation: Please provide your Social Insurance Number. You must submit this information to confirm your previous or current employment in the Health Sector. In addition, your Social Insurance Number is needed for the purposes of payment and reporting to the applicable statutory bodies (for example, the Canada Revenue Agency).
Your Union affiliation means the Union that represented you at the Health Sector worksite from which you were issued displacement notice (for example, HEU, BCGEU, or IUOE).
6. Job classification/title at date of displacement: Please provide the specific job classification or job title for which your Health Sector Employer issued you a displacement or termination notice (for example, Food Service Worker I, Laundry Worker I, Cleaner, Nursing Assistant I). If you were a casual employee, list the job classification/title for which you were registered for work.
7. Health Sector Employer which displaced you: Please identify the name of the Health Sector Employer that issued you a displacement or termination notice on or after January 28, 2002 (e.g., Kimberley and District Hospital, Langley Lodge, Royal Jubilee Hospital).
8. Current Employer: Please provide the name of your current Employer, even if the Employer is not a Health Sector Employer (for example, Sodexo, Aramark, B.C. Ferries). If you have more than one current Employer, enter them all on the Claim Form or attach an additional page if necessary.
9. For regular employees only: Indicate “yes” or “no” in the appropriate check box as to whether you received a displacement notice on or after January 28, 2002 eliminating your regular full-time or regular part-time position due to contracting out, the closure of a Health Sector facility, or a bump by a more senior employee.
10. For casual employees only: Indicate “yes” or “no” in the appropriate check box as to whether you received a termination notice on or after January 28, 2002 eliminating your employment due to contracting out or the closure of a Health Sector facility.

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COMPLETE ONLY ONE OF SECTION A OR B OR C, as applicable to your circumstances.

- **If you lost your job or employment because of contracting out or because of a restriction of bumping rights, complete Section A. Do not complete Section B or C.**
- **If you lost your job or employment because of the closure of a Health Sector facility, complete Section B. Do not complete Section A or C.**
- **If you lost earnings due to a bump, complete Section C. Do not complete Section A or B.**

IF YOU COMPLETE SECTION A OR B, YOU MUST ALSO COMPLETE ALL OF SECTIONS D, E, F, and G.

IF YOU COMPLETE SECTION C, DO NOT COMPLETE SECTIONS D, E, and F. PROCEED TO SECTION G.

SECTION A

LOSS OF JOB/EMPLOYMENT (*due to contracting out or restriction of bumping rights*):

Note: Complete this Section if you lost your job as a result of contracting out or if you lost your job because you did not have the option to bump as a result of the change of bumping rights in Bill 29. Complete this Section if you took Early Retirement to avoid losing your job as a result of the above.

<p>What was your length of service as a regular employee at the date of displacement which resulted in the loss of your job/employment?</p> <p><i>Note: Length of service does not include any time spent as a casual employee.</i></p>	<p>Over 20 years:</p> <p>16 to 20 years:</p> <p>11 to 15 years:</p> <p>6 to 10 years:</p> <p>0 to 5 years:</p>	<p align="center"><input type="checkbox"/></p> <p align="center"><input checked="" type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p>
<p>Note: Length of service is not the same as your seniority hours. Length of service is the number of complete calendar years that you worked in the Health Sector as a regular full-time or a regular part-time employee until your last day paid. Your length of service as a regular employee includes service in all positions as a regular employee but does not include any time you spent as a casual employee. For example, if you have 10 years and 8 months of service as a regular employee, check the “6 to 10 years” box as you have not reached 11 complete years of service.</p>		
<p>What was the length of time you were without employment following the loss of your job/employment?</p>	<p>Over 1 year:</p> <p>6 months to 1 year:</p> <p>Up to 6 months:</p>	<p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p>
<p>Note: Length of time you were without employment means the number of months or years before you were hired by another Employer, whether in the Health Sector or not.</p>		

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<p>What was your employment status at the time of the loss of your job/employment in the Health Sector?</p>	<p>Regular full-time:</p> <p>Regular part-time:</p> <p>Casual:</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>						
<p>Note: Your employment status was either regular (full-time or part-time) or casual. Do not check the casual box if you were a regular employee even though you may have worked casual shifts. Do not check a regular employee box if you were a casual employee in a temporary posting. Only check one box.</p>								
<p>If you were a casual employee at the termination of employment, what was the length of your employment?</p>	<p>Over 5 years:</p> <p>0 to 5 years:</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>						
<p>Note: The length of your employment as a casual employee should be reported in calendar years, not in time actually worked and should include any time spent as a regular employee prior to becoming a casual employee. For example, if you were a casual employee at the time of termination of employment and had been on a casual list for three years and had three years of service as a regular before that, then check the “Over 5 years” box.</p>								
<p>What is the difference between your gross (before deductions) annual income in the Health Sector prior to the loss of your job/employment compared to your subsequent gross annual income?</p> <p><i>Note: Annual income includes pension income and income from any Employer regardless of where you were re-employed.</i></p>	<p>Over \$20,000 less per year:</p> <p>\$10,001 to \$20,000 less per year:</p> <p>\$5,001 to \$10,000 less per year:</p> <p>\$0 to \$5,000 less per year:</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>						
<p>Note: To calculate the difference between your pre-displacement Health Sector annual employment (gross) income and your subsequent annual employment (gross) income:</p> <ul style="list-style-type: none"> • Step 1: Refer to box 14 on your T4 information slip for the last full calendar year of employment in the Health Sector. This will give you an annual employment income from the Health Sector. • Step 2: Add up the box 14 amounts on all T4’s and/or pension income for the first full calendar year following displacement from the Health Sector to determine your subsequent annual income. • Step 3: Calculate the difference by subtracting the amount in Step 2 from the amount in Step 1 and check the applicable box. If the amount is a negative amount, check the “\$0 to \$5,000 less per year” box. <p>For example, if you were displaced in March of 2003, refer to box 14 of your 2002 Health Sector T4. Then compare that amount to your 2004 annual employment income and/or pension income. If your 2002 annual income is \$34,000 and your 2004 income is \$28,000, then the difference in your annual income is \$6,000 and should be reported in the “\$5,001 to \$10,000 less per year” box based on the following calculation:</p> <table style="margin-left: 40px;"> <tr> <td>2002 T4 box 14:</td> <td>\$34,000</td> </tr> <tr> <td>2004 gross income:</td> <td><u>\$28,000</u></td> </tr> <tr> <td>Difference:</td> <td>\$ 6,000</td> </tr> </table>			2002 T4 box 14:	\$34,000	2004 gross income:	<u>\$28,000</u>	Difference:	\$ 6,000
2002 T4 box 14:	\$34,000							
2004 gross income:	<u>\$28,000</u>							
Difference:	\$ 6,000							

If you completed Section A above, proceed to Section D and complete through to Section G.

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SECTION B

LOSS OF JOB/EMPLOYMENT (due to facility closure and reduced layoff notice period):

Note: This Section relates to Section 9 of Bill 29 which reduced the amount of layoff notice a regular employee could receive upon the closure of a Health Sector facility. Complete this section if your facility was closed between January 28, 2002 and December 31, 2005.

What was your length of service as a regular employee at the date of closure? <i>Note: Length of service does not include any time spent as a casual employee.</i>	Over 5 years: Over 3 years to 5 years: 0 to 3 years:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>Note: Length of service is not the same as your seniority hours. Length of service is the number of complete calendar years that you worked in the Health Sector as a regular full-time or a regular part-time employee until your last day paid. Your length of service as a regular employee includes service in all positions as a regular employee but does not include any time you spent as a casual employee. For example, if you have 4 years and 8 months of service as a regular employee, check the "Over 3 years to 5 years" box as you have not reached over 5 complete years of service.</p>		
What was your employment status at the time of the loss of your job/employment in the Health Sector?	Regular full-time: Regular part-time: Casual:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>Note: Your employment status was either regular (full-time or part-time) or casual. Do not check the casual box if you were a regular employee even though you may have worked casual shifts. Do not check a regular employee box if you were a casual employee in a temporary posting. Only check one box.</p>		
If you were a casual employee at the termination of employment, what was the length of your employment?	Over 5 years: 0 to 5 years:	<input type="checkbox"/> <input type="checkbox"/>
<p>Note: The length of your employment as a casual employee should be reported in calendar years, not in time actually worked and should include any time spent as a regular employee prior to becoming a casual employee. For example, if you were a casual employee at the time of termination of employment and had been on a casual list for three years and had three years of service as a regular before that, then check the "Over 5 years" box.</p>		

If you completed Section B above, proceed to Section D and complete through to Section G.

SECTION C

LOSS OF EARNINGS DUE TO A BUMP:

Note: Complete this Section if you remained in the Health Sector after your displacement but worked in a lower paying position or a position with fewer hours than you previously worked as a result of a bump. Do not complete this Section if you completed Section A or B. If you worked at a Health Sector facility that closed and subsequently you were able to return to employment in the Health Sector because of the Dove-Tailed Seniority List Successorship decisions, you may claim under Section B or C, but not under both Sections.

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<p>Are you in a lower paying position in the Health Sector as a result of exercising a bumping option?</p>	<p>Yes – more than \$3.00 per hour less:</p> <p>Yes – between \$1.01 and \$3.00 per hour less:</p> <p>Yes – up to \$1.00 per hour less:</p> <p>No:</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>Note: This Section should be completed based on the difference in wage rates at the time of your displacement. Take your wage rate on your last paid day in the position from which you were displaced and compare it to the wage rate of the job into which you bumped. The difference in pay should be assessed as of the first day you worked in your “new” regular position.</p>		
<p>Are you working fewer hours per week in the Health Sector as a result of exercising a bumping option?</p>	<p>Yes – more than 15 hours per week less:</p> <p>Yes – between 7.5 and 15 hours per week less:</p> <p>Yes – up to 7.5 hours per week less:</p> <p>No:</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>Note: This Section should be completed based on the difference in hours worked per week in a regular position at the time of your displacement. The difference in hours worked should be assessed as of the first day you worked in your “new” regular position.</p>		

If you completed Section C above, proceed to Section G.

SECTION D

LOSS OF HEALTH AND WELFARE BENEFITS:

Note: This Section is intended to recognize employees currently working in sectors that do not provide health and welfare benefits such as Extended Health coverage (for example, prescription drugs, eyeglasses, physiotherapy, etc.), Dental coverage, or Long-Term Disability coverage. Do not complete this Section if you completed Section C.

If you were a regular employee at the time of displacement and you completed Section A or Section B, complete this Section. If you were a casual employee at the time of termination and you completed Section A or B, do not complete this Section.

<p>Do you have 100% Employer-paid health and welfare benefits in your current employment?</p>	<p>Yes:</p> <p>No:</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>Do you have a Dental Plan in your current employment?</p>	<p>Yes:</p> <p>No:</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>Do you have access to a Long-Term Disability Insurance Plan in your current employment?</p>	<p>Yes:</p> <p>No:</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

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SECTION E

LOSS OF PENSION BENEFITS:

Note: This Section is intended to recognize the loss of Public Sector pension plan benefits for employees who lost employment in the Health Sector. This Section also recognizes that some employees retired earlier than they had previously planned. Do not complete this Section if you completed Section C.

Do you have access to a pension in your current employment?	Yes:	<input type="checkbox"/>
<i>Note: If you are in receipt of a pension, do not answer this question.</i>	No:	<input type="checkbox"/>
Is your pension plan a Group RSP or a Public Sector Pension Plan (e.g., Municipal Pension Plan or Public Service Pension Plan)?	Group RSP:	<input type="checkbox"/>
	Public Sector Pension Plan:	<input type="checkbox"/>
Note: A Group RSP can include a defined contribution pension plan.		
Did you take early retirement as a result of being issued a displacement notice and start collecting a Public Sector Pension Plan?	Yes:	<input type="checkbox"/>
	No:	<input type="checkbox"/>

SECTION F

ENHANCED SEVERANCE:

Note: This Section refers only to Enhanced Severance payments made to employees between 2004 and 2007 as a result of the \$25 million Enhanced Severance fund which was established in a Memorandum of Agreement dated May 2, 2004. If you received a payment from this fund, please complete this section. If you received only a Severance Allowance under Article 43, you do not need to complete this Section. Do not complete this Section if you completed Section C.

Did you collect an Enhanced Severance as a result of layoff due to contracting out?	Yes – received a gross payment of between \$11,001 and \$17,000:	<input type="checkbox"/>
	Yes – received a gross payment of up to \$11,000:	<input type="checkbox"/>
	No:	<input type="checkbox"/>

SECTION G

I hereby certify the information I have provided in this Claim Form is true to the best of my knowledge. I acknowledge that a failure to complete this Claim Form honestly and in its entirety may result in the forfeiture, in whole or in part, of any claim to a payment. I also acknowledge that by completing this Claim Form, I authorize the production of any relevant supporting documents (e.g., T4 and T4A information slips, pay stubs) if requested by HEABC and/or by the Facilities Bargaining Association. I acknowledge that if I am eligible to receive a payment from the fund as a result of a loss of my employment, I am relinquishing any right to reinstatement to my previous position in the Health Sector.

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Signature of Claimant: _____

Date Claim Form Completed: _____, 2008.

Privacy Statement:

The information in this Claim Form is confidential and will be used only for the purposes of determining eligibility for and the payment of an amount to eligible claimants pursuant to the HEABC/FBA Bill 29 Settlement Agreement. By completing and signing this Claim Form, the claimant agrees to have his/her personal information collected and used for this specific purpose.

**** The Claim Form must be submitted to your Union on or before June 15, 2008. ****