

APPLICATION FOR SUPPLEMENTAL UNEMPLOYMENT BENEFIT- LOCAL 112, C.A.W. - Bombardier Inc.
 Applicant will supply information for items 1A, 1B, 1C, 1D and item 3

Docket #18

1A. Social Insurance No.

1B. Clock No.

1C. Name
 (please print) Street & Number
 City & Postal Code Province

OFFICE USE ONLY									
COLUMNS									
9-12									
13									
14-21									
22-26									
27-31									
32									
33-36									
40									

Return address: **Bombardier Aerospace**
400 Cote-Vertu Road West,
Dorval, QC, H4S 1Y9
ATTN: PAYROLL DEPT

Weekly Certification

I certify that during the week covered by this application I was laid off from the Company and earned no wages nor remuneration except as shown. I am not eligible for and am not claiming any accident, sickness or disability benefit, pension or retirement benefit which would disqualify me for benefit under the Plan. I did not receive and am not eligible for any unemployment benefit from another employer. I have registered for work with the Unemployment Insurance Commission, and have not refused any referral or offer of suitable work. I understand that my credit units will be forfeited if I willfully misrepresent a material fact in order to obtain benefits under the Plan.

1D. Earnings	WEEK	OTHER EMPLOYERS	
	1.	\$	
2.	\$		¢
Date <input type="text"/>			

Item 3 Applicant's Signature