



SB 3 Form – WCB, Motor Vehicle Accident

I, _____, acknowledge that I am the recipient of monetary benefits under the Union’s Sick Leave Bank, pursuant to its rules and regulations and pursuant to the provisions of the Collective Agreement between the City of Surrey and the Canadian Union of Public Employees, Surrey (City), BC, Local No. 402.

I further understand and agree that as a term and condition of receiving such benefits, I am required to make every effort to recover the amount of the monetary benefits I have received from the Union’s Sick Leave Bank, and to reimburse the Union’s Sick Leave Bank from any moneys so recovered from any judgment I obtain, or from any settlement agreed to by me involving any third party.

In furtherance of my understanding, as noted above, I hereby expressly and irrevocably authorize and empower the representative(s) of the Union’s Sick Leave Bank to deal directly with the Insurance Corporation of British Columbia, and/or any other agency the representative deems appropriate to assist me in securing, on my behalf, the recovery and repayment of the monetary benefits I have received from the Union’s Sick Leave Bank.

Claim # _____

Lawyer’s Name: _____

Address: _____

Phone #: _____

Yours truly

Signature of Recipient

Date

Signature of Witness

Date

Witness Name **(Please Print)** _____ Phone: _____

Witness Address: _____

PLEASE RETURN THIS FORM WITH YOUR SICK BANK APPLICATION

YOUR UNION, YOUR VOICE.