



IATSE LOCAL 891

International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts
of the United States, its Territories and Canada · British Columbia & Yukon

The Membership Medical Leave Policy has been established in accordance with Article 10, Funds and Financial Obligations, of the IATSE Local 891 Constitution. This policy is meant to assist active members who are unable to work due to medical disability with their dues.

1. An active member may qualify for medical leave status with medical proof of disability from work. Medical leave status provides the qualified member with the following for a maximum of one (1) year: reduction in dues to \$50.00 per quarter; and a waiver of applicable late payment fines and penalties (i.e., suspension and/or expulsion).
2. Application for medical leave status must be made in writing using the attached *IATSE Local 891 Request for Medical Leave Form*, as well as providing a signed copy of this policy.
3. Please be advised that application for medical leave status through the Union is not affiliated with application for short term disability benefits through the Health Benefits Plan. Both forms of assistance must be applied for separately.
4. When a member is granted medical leave status, he or she will be listed as being NOT available for work on the Union dispatch roster.
5. A member on medical leave status planning to return to work will not be listed as available for work on the Union dispatch roster until written notice of their planned return-to-work date has been provided to the Health Benefits Representative.
6. Once written notification of the member's return-to-work date has been received, the member is required to pay all outstanding dues incurred during the medical leave status period by the next quarterly dues payment deadline, or be subject to applicable late payment fines and penalties.
7. The member will commence full dues payments beginning the quarter following the conclusion of their medical leave status, and he or she will be subject to the applicable late payment fines and penalties. Any monies owed to IATSE Local 891 prior to commencement of medical leave status must also be paid at this time.
8. A member discovered working while on medical leave may have his or her medical leave revoked and will, therefore, be responsible for full dues payment during their medical leave, retroactive to the date the member began working.
9. A member who has their medical leave status revoked may be subject to applicable late payment fines and penalties should arrears remain unpaid beyond two (2) weeks of their revocation of medical leave status.
10. If a member uses the maximum one (1) year of medical leave status and remains disabled from work, he or she will be subject to reassessment and will be requested to resubmit an *IATSE Local 891 Request for Medical Leave Form* confirming their continued disability.

11. Members failing to qualify for medical leave status may appeal in writing for reconsideration to the Executive Board by contacting the Health Benefits Representative.

If you have any questions concerning the Membership Medical Leave Policy or your eligibility, please contact the IATSE Local 891 Health Benefits Representative at 604-664-8914.

I confirm I have read the policy and agree to its terms:

Signed at _____, British Columbia, this ___day of _____, 20__.

Union Member's Name

Union Member's Signature

IATSE Local 891 Request for Medical Leave Form attached



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IATSE LOCAL 891 REQUEST FOR MEDICAL LEAVE

Please read the following prior to completing this form:

Any costs associated with the attending physician's completion of this statement shall be the responsibility of the patient/member, not IATSE Local 891.

IATSE Local 891 reserves the right to periodically request additional medical/physician updates to confirm continuing entitlement to medical leave status.

MEMBER STATEMENT

Name: _____ SIN: _____
(please print)

Address: _____ Postal Code: _____

Phone Number: _____ Department: _____

I hereby request a temporary medical leave from the union, per Article 10, Section 10.11: Dues and Assessments of the IATSE Local 891 Constitution. Furthermore, I certify that I am currently not working for wages or on contract to any employer.

Member's Signature: _____ Date Signed: _____

Please return completed form to the attention of the Health Benefits Representative at the address below. Questions can be directed to the IATSE Local 891 Health Benefits Representative at 604-664-8914.

ATTENDING PHYSICIAN'S STATEMENT

In consideration of this patient's medical condition/disability, please indicate:

1) Date disability commenced: _____
(mm/dd/yy)

2) Date patient anticipated to return to work/returned to work: _____
(mm/dd/yy)

Comments *(optional)*:

Physician's Stamp (including Name/Address):

Signature: _____ Date Signed: _____