



USW-Coastal Forest Industry Health & Welfare Plan

PO Box 24715, Stn. F, Vancouver, BC V5N 5T8

Phone: 604-419-2476 | Fax: 604-419-2884 | admn@pac.bluecross.ca | uswfi1.planoffice.ca

COVID-19 WEEKLY INDEMNITY CLAIMS Instructional Information for Members

- If you experience symptoms of COVID-19 or have a clinical diagnosis:
 - You should **not** attend the workplace.
 - A self-assessment tool is available at <https://covid19.thrive.health>.
 - Utilize support services through the medical system, and/or call the nurses line at 8-1-1.
- Contact your employer by phone or e-mail to initiate a WI claim:
 - Request that a claim form be e-mailed or mailed to you or print it directly off the Plan's website <http://uswfi1.planoffice.ca/>
 - Complete the Employee's Statement section of the claim form and include a statement that you are making a claim because you are experiencing COVID-19 related symptoms. Please ensure to provide your telephone number, e-mail address, and print clearly.
 - Submit the form directly to BC Life either by e-mail to BCLife@pac.bluecross.ca or mail.
- The Employer will send the Employer Statement directly to BC Life by e-mail at BCLife@pac.bluecross.ca. **You are not required to attend the workplace to have your Employer complete this section of the form.**
- Once both statements are received by BC Life, the Plan Adjudicator will contact you by telephone and will e-mail or mail you a **"Plan Member Confirmation of Illness Form"** for your completion, if appropriate.
- Submit the completed **"Plan Member Confirmation of Illness Form"** to BC Life either by e-mail to BCLife@pac.bluecross.ca or mail.

Please note, form submission by e-mail is much preferred as there could potentially be delays with regular mail.