

ELLIOT LAKE MINERS' MEMORIAL

Definition of the Worker to be placed on the Memorial.

1. A mine worker who was employed in any occupation related to the mining camps in Elliot Lake and who was either:
 - a) Tragically killed in a Mining Accident; or
 - b) Who succumbed to an occupational disease/illness that is recognized and confirmed by the Workplace Safety and Insurance Board (WSIB).
2. The names will be full and complete names (no nicknames) with the first name engraved followed by the surname. The names will be engraved in random order.
3. Any person/family member, who wishes to have their loved ones name enshrined on the memorial on a go forward basis, will receive a letter outlining the criteria, including a questionnaire to be completed and signed by the person with the legal authority to do so.
4. Future inductees for the memorial will be reviewed and approved By the Miners' Memorial Selection Committee. The Committee shall Comprise of the following membership approved by the City of Elliot Lake as a standing Committee of Council:
 - a) a person appointed by the United Steelworkers Union;
 - b) a person appointed by the Algoma Manitoulin and District Labour council;
 - c) a person appointed by the City of Elliot Lake;
 - d) a person representing an inductee of the worker enshrined on the memorial; and
 - e) a non-voting City Staff person appointed by the City of Elliot Lake.
5. Future names to be added to the memorial shall take place yearly as outlined in the Schedule "A".



SCHEDULE "A"

Advertising for new inductees to be placed on the Miners' Memorial shall take place every year At the beginning of October and again in early November.

The committee shall convene in December to review and select the nominees for induction at the day of mourning ceremony of April 28th in the next calendar year.

Selection of inductees will be completed no later than the end of January of the year for which the names will be enshrined.

Questionnaire

(PLEASE PRINT CLEARLY)

Contact Person: _____

Telephone Number: _____

Address: _____

.....

Name: _____

Employer: _____

Starting Date (If Known): _____

.....

Was a Worker's Compensation Claim Filed: _____

Do you know the Worker's Compensation number?: _____

Are you aware if the family received Worker's Compensation survivor benefits?:

Yes or No (please circle)

.....

Cause of Death: _____

Date of Death: _____

Authorization

I hereby authorize the Elliot Lake Miners Memorial

contact person

Committee or their designate to contact

organization

and obtain any information related to the death of

deceased worker

Signature: _____

Date: _____

Witness: _____

Date: _____