

MASTER CONSTRUCTION TRADE UNION BENEFIT PLAN

APPLICATION FOR ENROLMENT AND BENEFICIARY DESIGNATION

Revised

Please complete in ink and print clearly. This is a two-sided form – please see reverse.
Please fill in all information and ensure you have signed and dated this form.

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MEMBER INFORMATION			
NAME (Surname, Given Name & Initials)			SOCIAL INSURANCE NUMBER
MAILING ADDRESS		CITY	PROVINCE
		POSTAL CODE	
TELEPHONE NUMBER	GENDER (Male/Female)	DATE OF BIRTH (Month, Day, Year)	TRADE
PHARMACARE REGISTRATION NO. (where applicable)		EMAIL ADDRESS	
NUMBER OF WORK HOURS PER WEEK		HOURLY WAGE	
MARITAL STATUS DECLARATION – Refer to other side for the definition of an eligible Spouse			
I hereby certify that I have read the Spousal Definition and that, as of the date of this declaration, I have a Spouse as follows:			
SPOUSE'S NAME (Surname, Given Name & Initials)	GENDER (Male/Female)	DATE OF BIRTH (Month, Day, Year)	DATE OF MARRIAGE, OR DATE OF COHABITATION:
DEPENDENT INFORMATION (Other than Spouse) – List all eligible dependents, other than your Spouse, starting with the eldest: If adding children over 19, indicate the school they are attending full-time.			
NAME (Surname, Given Name & Initials)	RELATIONSHIP (Son/Daughter)	DATE OF BIRTH (Month, Day, year)	STUDENT (Yes/No) and name of school, if over 19
CO-ORDINATION OF BENEFITS			
Are you covered by another benefit plan (ie your Spouse's Plan)? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, indicate the benefits covered: _____ Policy No(s) _____ Insurance Carrier _____			
GROUP LIFE INSURANCE BENEFICIARY DESIGNATION			
I designate the following individual(s)* as my revocable group life insurance beneficiary(ies), if living, otherwise my Estate* and revoke any prior designation I have made. *Indicate Estate, if no named beneficiary.			
NAME (Surname, First Name & Initials)	RELATIONSHIP		CONTACT (email and phone)
		%	
		%	
APPLICATION FOR ENROLMENT			
I, the undersigned, hereby:			
<ul style="list-style-type: none"> a) apply to be enrolled as a Member of the Master Construction Trade Union Benefit Plan, b) certify that the information provided on this form is correct, c) consent to the collection, use and disclosure of my personal information by the Board of Trustees of the Plan (or its authorized agent) for the purpose of administering the Plan and the benefits that may be conferred on Members of the Plan, d) agree to be bound by all the terms and conditions of the Plan, e) agree to promptly update the Plan Administrator on any changes to the status of a Spouse, dependent or other beneficiary, and f) agree that I am liable for any benefit paid out incorrectly in the event that I have not updated the Plan Administrator on any change to the status of a Spouse, dependent or other beneficiary g) understand that completion of this form does not in itself, entitle a Member to benefits – qualification for benefits is in accordance with the rules of the Plan h) understand that in the event of suspected fraudulent activity pertaining to claims submitted on behalf of myself and/or dependents, I acknowledge and agree to the disclosure of this information to relevant parties, such as the Plan Sponsor, regulatory and law enforcement agencies. i) certify that I have read the information provided on the reverse side of this form. 			
SIGNATURE OF MEMBER			DATE (MM-DD-YYYY)
SIGNATURE OF WITNESS (cannot be spouse, beneficiary, or trustee)			NAME OF WITNESS

