Carpenters' Local 27 (Trim Division) Benefit Plan

MEMBER INFORMATION CARD

PERSONAL INFORMATION

Last Name	First Name	Middle Init.

Date of Birth Day Month Year	Gender Male ☐ Female ☐	Social Insurance Number (SIN)	Certificate Number (UNION I.D.)

* *I hereby authorize the use of this number by the Plan Administrator for Tax reporting and the administration of my benefits, as required.*

I hereby authorize the Plan Administrator to use the information provided by me on this card to administer my benefits. I further consent to the release of this information to my insurer, if applicable and required by my insurer, and to my local union office for authorization, if required under this Plan.

Member's Signature _____ Date _____

HOME / MAILING ADDRESS

Apt	Address	City, Town or Village

Province	Postal Code	Phone ( )	Email:

UNION INFORMATION

Most Recent Date Joined Union

Day Month Year

This Section Is To Be Completed By The Local Union Office Only

Signature of Local Union Official _____

MARITAL STATUS

☐ Never married ☐ Divorced ☐ Separated ☐ Civil Union *(for Quebec only)* ☐ Widowed

If you have a spouse, complete the spousal information section below. **The definition of eligible spouse can be found in your Benefit Plan Booklet.**

☐ Common Law Date of Co-habitation: **Day Month Year**	☐ Married Date of Marriage: **Day Month Year**

SPOUSAL INFORMATION

Last Name	First Name	Middle Init	Date of Birth Day Month Year	Gender Male ☐ Female ☐

PLEASE COMPLETE BOTH SIDES OF THE FORM

PLEASE REMEMBER TO SIGN THE BACK OF THIS FORM

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CO-ORDINATION OF BENEFITS INFORMATION

Are your spouse and children, if any, covered for health and dental with another insurance company through your spouse's employer?

NO ☐ YES ☐

Please provide information for ALL required fields

	Single	OR	Family
Health	☐		☐
Drugs	☐		☐
Vision	☐		☐
Dental	☐		☐

Spouse's Insurance Company: _____

Policy #: _____

Spouse's Coverage Effective Date: _____

DEPENDENT CHILDREN

Last Name	First Name	Date of Birth Day Month Year	Gender	Student**	Disabled
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Proof of full-time attendance at an accredited school, college or university must be provided annually if the child is over age. Please refer to your booklet.

LIFE INSURANCE BENEFICIARY DESIGNATION

Last Name	**First Name**	**Date of Birth** Day Month Year	**Relationship**	**Percentage (100%)**

I hereby revoke all existing beneficiary(ies) designation(s) made by me for The Carpenters' Local 27 (Trim Division) Benefit Plan and designate the person(s) named above as my beneficiary, if then living, to receive any benefits payable under The Carpenters' Local 27 (Trim Division) Benefit Plan upon my death, reserving to myself the right to change or revoke such appointment, notwithstanding acceptance thereof and subject to any legal restrictions, by written notice to the Plan Administrator.

Where Quebec law applies, a spouse as beneficiary is irrevocable (and cannot be changed without the written consent of the irrevocable Beneficiary unless you make the designation revocable). I hereby make the designation:

☐ Revocable ☐ Irrevocable

I hereby certify that all the statements and information on this form are true.

Member's Signature _____ Date _____

Jun-20 Plan Administrator: Manion Wilkins & Associates Ltd, 500- 21 Four Seasons Place, Toronto, ON M9B 0A5