

**Resilient Floor Workers – Local 27 Benefit Plan**  
MEMBER INFORMATION CARD

**PERSONAL INFORMATION**

Last Name			First Name			Middle Init.		
Date of Birth		Gender	Social Insurance Number (SIN) *			Certificate Number (UNION I.D.)		
Day	Month	Year	Male <input type="checkbox"/>					
		Female <input type="checkbox"/>						

\* 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 Resilient Floor Workers – Local 27			This Section Is To Be Completed By The Local Union Office Only		
Day	Month	Year	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.

<input type="checkbox"/> Common Law			<input type="checkbox"/> Married		
Date of Co-habitation: Day    Month    Year			Date of Marriage: Day    Month    Year		

**SPOUSAL INFORMATION**

Last Name		First Name		Middle Init.	Date of Birth		Gender	
					Day    Month    Year		Male <input type="checkbox"/>	
							Female <input type="checkbox"/>	



**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**

\*\*\*Please provide information for ALL required fields \*\*\*

Are your spouse and children, if any, covered for health and dental with another insurance company through your spouse's employer? NO  YES

	<u>Single</u>	OR	<u>Family</u>
Health	<input type="checkbox"/>		<input type="checkbox"/>
Drugs	<input type="checkbox"/>		<input type="checkbox"/>
Vision	<input type="checkbox"/>		<input type="checkbox"/>
Dental	<input type="checkbox"/>		<input type="checkbox"/>

Spouse's Insurance Company:  
Policy #:  
Spouse's Coverage Effective Date:

**DEPENDENT CHILDREN**

Last Name	First Name	Date of Birth			Gender	Student**	Disabled
		Day	Month	Year			
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

\*\* 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			Relationship	Percentage (100%)
		Day	Month	Year		


I hereby revoke all existing beneficiary(ies) designation(s) made by me for the Resilient Floor Workers - Local 27 Benefit Plan and designate the person(s) named above as my beneficiary, if then living, to receive any benefits payable under the Resilient Floor Workers - Local 27 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

## Resilient Floor Workers - Local 27 Pension Plan

### MEMBER INFORMATION CARD

#### PERSONAL INFORMATION

Last Name		First Name		Middle Init.
Date of Birth: Day      Month      Year		Gender : <input type="checkbox"/> Male <input type="checkbox"/> 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 and to meet the requirements of applicable legislation. I further consent to the release of this information 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

<b>Most Recent Date Joined Resilient Floor Workers – Local 27</b>		_____
Day      Month      Year	<b>Signature of Local Union Official</b>	

#### 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.**

<input type="checkbox"/> Common Law Date of Co-habitation: Day      Month      Year			<input type="checkbox"/> Married Date of Marriage: Day      Month      Year		
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#### SPOUSAL INFORMATION

Last Name	First Name	Middle Init	Date of Birth: Day      Month      Year	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
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#### PENSION BENEFICIARY DESIGNATION

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

Note: Your spouse is the beneficiary of the pre-retirement death benefit unless properly waived. If no spouse, complete Beneficiary Designation above. If no Beneficiary, indicate "Estate."

I hereby revoke all existing beneficiary(ies) designation(s) made by me for the Resilient Floor Workers – Local 27 Pension Plan and designate the person(s) named in the above section "Beneficiary Designation" as my beneficiary(ies), if then living, to receive any benefits payable under the Resilient Floor Workers – Local 27 Pension 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**