

Carpenters' 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 Carpenters' Local 27			<p style="font-size: 1.2em; color: gray;">This Section Is To Be Completed By The Local Union Office Only</p>		
Day	Month	Year	<p style="color: red;">Signature of Local Union Official</p>		

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		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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MEMBER INFORMATION CARD

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

	Single	OR	Family
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 Carpenters' Local 27 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 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

Carpenters' 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) *	Union ID:

* 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

MAILING ADDRESS

Apt	Address		City, Town or Village
Province	Postal Code	Phone: ()	Email:

UNION INFORMATION

Most Recent Date Joined Union Day Month Year		Local Number 27	_____ <i>Signature of Local Union Official</i>
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MARITAL STATUS

<input type="checkbox"/> Never married		<input type="checkbox"/> Divorced		<input type="checkbox"/> Separated		<input type="checkbox"/> Widowed	
<input type="checkbox"/> Common Law / Civil Union				<input type="checkbox"/> Married			
Date of Co-habitation/Union: Day Month Year		Date of Marriage: Day Month Year					

PENSION BENEFICIARY DESIGNATION

Your spouse is typically the beneficiary of the pre-retirement death benefit unless properly waived. Contact the Plan Administrator if you wish to designate someone other than your spouse. See reverse side of form for definition of Spouse.

Relationship	Last Name	First Name	Date of Birth Day, Month, Year	Gender	Percentage
SPOUSE				<input type="checkbox"/> Male <input type="checkbox"/> Female	100%

If you do not have a spouse, designate your pre-retirement death benefit beneficiary(ies) in the space below. If you do not want to designate a beneficiary, write ESTATE

				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	

If your personal circumstances change, it is your responsibility to ensure that your beneficiary designation is up to date.

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

Carpenters' Local 27 Pension Plan
MEMBER INFORMATION CARD

Definitions:

“Spouse” means a person who is:

- married to the member, and is living with the member, or
- not married to the member and is living in a conjugal relationship with the member continuously for a period of not less than three years, or
- Not married to the member and is living in a conjugal relationship of some permanence with the member, if they are the natural or adoptive parents of a child, both as defined in the Family Law Act of Ontario

Additional Information:

You will receive, in the mail, a confirmation statement outlining the information reflected in this Information Card as submitted. Your card will be processed within 5 days of receipt.

Please direct all questions to the Office of the Administrator:

Manion Wilkins & Associates Ltd.
500-21 Four Seasons Place
Etobicoke, ON
M9B 0A5

Toll free: 1-866-532-8999
Email: Info@manionwilkins.com

Instructions for Completion

Please pay special attention to the information coloured with **Red Ink** on the front of this form.

Signatures: Without signatures and associated dates the form is invalid and cannot be accepted.

Date of Marriage/Co-habitation/Civil Union: This date required to properly define your beneficiary as your spouse.