

UNIFOR LOCAL 112 Health & Welfare and Pension Plan Enrolment Form



Please PRINT clearly in ink, sign and date the form, and return to the Plan Administrator

☐ New Application ☐ Change of Information

For Office Use Only

1. MEMBER INFORMATION

Member's Last Name	Member's First Name	Middle Initial	Social Insurance Number
Address (street number and name)		Unit / Suite Number	Phone Number
City	Province	Postal Code	Gender
Workplace	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Other		Date of Birth (YYYY-MM-DD)
Email Address	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Common-Law, Cohabitation Date:		

2. SPOUSE DETAILS

Spouse is defined as the legal spouse of the Member, or in the absence of a legal spouse, the Common-Law Spouse of the Member. The Common-Law Spouse is a person with whom the Member has been living and that living arrangement must be recognized as a conjugal relationship in the community in which the couple resides. Only one person may qualify as the Spouse at any one time. A Common-Law Spouse must meet the Plan's minimum cohabitation rule.

Spouse's Last Name	Spouse's First Name	Spouse's Gender	Spouse's Date of Birth (YYYY-MM-DD)
Is your Spouse covered for Extended Health Care or Dental benefits by their employer's plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please indicate Spouse's coverage: Extended Health Care: <input type="checkbox"/> Single <input type="checkbox"/> Family Dental: <input type="checkbox"/> Single <input type="checkbox"/> Family			

3. DEPENDENT CHILDREN DETAILS

Child's Last Name	Child's First Name	Gender	Date of Birth (YYYY-MM-DD)	If Age 21 or Over
				<input type="checkbox"/> Student* <input type="checkbox"/> Disabled**
				<input type="checkbox"/> Student* <input type="checkbox"/> Disabled**
				<input type="checkbox"/> Student* <input type="checkbox"/> Disabled**
				<input type="checkbox"/> Student* <input type="checkbox"/> Disabled**
				<input type="checkbox"/> Student* <input type="checkbox"/> Disabled**

* Check "Student" box if your child is age 21 or over but under age 26, and is a full-time student attending an educational institution recognized by Canada Revenue Agency, who is not married or in any other formal union, and is entirely dependent on you for financial support.

** Check "Disabled" box if your child is age 21 or over, and is a permanently disabled dependent child, who is not married or in any other formal union, and is entirely dependent on you for financial support. Evidence will need to be provided. Please contact the Plan Administrator.

4. LIFE INSURANCE and ACCIDENTAL DEATH BENEFICIARY DESIGNATION

By completing this section, I revoke all previously nominated beneficiary nominations and nominate the following individuals as my revocable beneficiary(s) where permitted by law. A revocable nomination can be changed at any time without the beneficiary's consent. If you are nominating a beneficiary who is a minor, please complete Section 6. If you assign more than one beneficiary, the percentages for each must be indicated and must total 100% to be valid.

Last Name	First Name	Relationship to Member	Percentage %

Continued on the next page...

5. PENSION PLAN BENEFICIARY DESIGNATION

If you have a Spouse (as defined in Section 7) on your date of death, the death benefit will be paid to your Spouse, unless a valid written waiver is completed by the Spouse. If you do not have a Spouse at death, or your Spouse signs a waiver, the death benefit will be paid to the beneficiary you designate below.

If I die before I withdraw the benefits owing to me under the Pension Plan, I designate the following individual(s) or organization(s) as my revocable beneficiary(s) and revoke any prior designation I have made. If you assign more than one beneficiary, the percentages for each must be indicated and must total 100% to be valid.

Last Name	First Name	Relationship to Member	Percentage %

6. NOMINEE of TRUSTEE for MINOR BENEFICIARY(S)

If you wish to designate minor children as beneficiaries, a trustee must be designated. A minor is a child who has not yet reached the age of majority as defined by provincial legislation.

Any payments becoming due while the beneficiary(s) are a minor are to be made to: _____ as trustee, or failing such trustee, to the duly appointed guardian of such minor child as trustee. The Plan Administrator shall have no responsibility to monitor the actions of the named trustee.

7. MARITAL STATUS DECLARATION for PENSION PLAN

In the province of Ontario, a Spouse is defined as one of either of two persons who

- are legally married to each other, or
- are not married to each other and are living together in a conjugal relationship continuously for a period of not less than three (3) years, or
- are in a relationship of permanence and are the parents of a child.

I hereby certify that I have read the above definitions or have contacted the Plan Administrator and that as of the date of this declaration: (PLEASE CHECK ONE)

☐ I do not have a Spouse

☐ I have a Spouse whose Name and Date of Birth are as follows:

Spouse's Last Name	Spouse's First Name	Date of Birth (YYYY-MM-DD)

If my marital status changes in the future, I understand I must notify the Plan Administrator of this change.

8. PRIVACY STATEMENT

I authorize the Millworkers Health & Welfare and Pension Plans (together called "the Plans"), their administrator Employee Benefit Plan Services Limited, and providers working with the Plans or administrator to collect, maintain, use and disclose my personal information that is necessary for the administration of the Plans. Personal information will be protected pursuant to the applicable legislation. The Plans may collect, maintain, use and disclose my personal information with relevant persons or organizations (employers, health benefit managers, health professionals, institutions, insurers, investigative agencies, legal counsel, other plans or unions, pharmacies, regulators, re-insurers) in order to manage the Plans and entitlement to the benefits of the Plans, and may include information such as financial, health or benefits related information. Questions related to the Privacy Statement should be directed to the Privacy Officer.

Signature of Applicant

Date Signed

Name of Applicant (Please Print)

PLEASE SUBMIT COMPLETED FORM TO THE PLAN ADMINISTRATION OFFICE

45 McINTOSH DRIVE, MARKHAM, ON L3R 8C7
Phone: 1-800-263-3564 Fax: 905-946-2535
email:questions@millworkersuniforbenefits.org