

APPLICATION FOR ENROLMENT AND BENEFICIARY DESIGNATION

FOR OFFICE USE ONLY

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.

NOTE: This form is for the Health Plan ONLY and will not update your beneficiary on your Pension Plan. Page 1 of 2**MEMBER INFORMATION**

NAME (Surname, Given Name & Initials)			SOCIAL INSURANCE NUMBER
ADDRESS (No. and Street)		CITY	PROVINCE POSTAL CODE
TELEPHONE NUMBER	GENDER	DATE OF BIRTH (Year, Month, Day)	EMAIL ADDRESS
PHARMACARE REGISTRATION NO. (where applicable)			

MARITAL STATUS DECLARATION – Refer to other side for the definition of an eligible Spouse

I hereby certify that I have read the Definition of Spouse and that as of the date of this declaration, I have a Spouse as follows:

SPOUSE'S NAME (Surname, Given Name & Initials)	GENDER	DATE OF BIRTH (Year, Month, Day)	DATE OF MARRIAGE, OR DATE OF COMMENCEMENT OF COMMON-LAW RELATIONSHIP:
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DEPENDENT INFORMATION (Other than Spouse) – List all eligible dependents, other than your Spouse, starting with the eldest: If adding children over 21, indicate the school they are attending Full-time.

NAME (Surname, Given Name & Initials)	RELATIONSHIP (Son/Daughter)	DATE OF BIRTH (Year, Month, Day)	STUDENT (Yes/No) and name of school, if over 21

CO-ORDINATION OF BENEFITSAre you covered by another benefit plan (ie your Spouse's plan)? ☐ YES ☐ 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

APPLICATION FOR ENROLMENT

I, the undersigned, hereby:

- apply to be enrolled as a Member of the Millworkers Health & Welfare Plan (Unifor) Fund,
- certify that the information provided on this form is correct,
- 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,
- agree to be bound by all the terms and conditions of the Plan,
- agree to promptly update the Plan Administrator on any changes to the status of a Spouse, dependent or beneficiary,**
- 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 beneficiary,
- 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, and
- certify that I have read the information provided on the reverse side of this form.**

SIGNATURE OF MEMBER

DATE

MEMBER INFORMATION	
NAME (Surname, Given Name & Initials)	SOCIAL INSURANCE NUMBER
DEFINITION OF SPOUSE – if you are indicating a spouse on the reverse side (page 1), under MARITAL STATUS DECLARATION, they must meet the following definition:	
<p><i>The Millworkers Health & Welfare Plan (Unifor) Fund defines “Spouse” as:</i></p> <p><i>“The legal spouse of the employee, or, in the absence of a legal spouse, the common-law spouse of the Employee. The common-law spouse is a person with whom the Employee 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”.</i></p> <p><i>Common-law spouses must meet the Plan’s minimum co-habitation rule.</i></p>	
COMMON-LAW DEPENDENTS	
<p><i>Common-law spouses and their children may be eligible with a minimum cohabitation period as indicated in your group policy. NOTE: Only the children of your common-law spouse who are residing with you are considered eligible dependents.</i></p>	
PRIVACY STATEMENT	
<p><i>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</i></p>	

**PLEASE SUBMIT COMPLETED FORM
TO THE PLAN ADMINISTRATOR:**

45 McINTOSH DRIVE, MARKHAM, ON L3R 8C7

Phone: 1-800-263-3564 Fax: 905-946-2535

email: questions@millworkersuniforbenefits.org