



**BOILERMAKERS' NATIONAL HEALTH PLAN (CANADA)  
PRE-APPRENTICESHIP DRUG AND ALCOHOL TESTING /  
ANNUAL MEDICAL EXAM MEMBER CLAIM FORM**

***Please use this form if you are a pre-apprentice member of IBB Lodge (73, 128, 146, 203 or 555) that has paid for Pre-Apprenticeship Testing (drug and alcohol testing only) costs. Please note if you are not covered by the Plan when the expense is submitted your claim will be paid when you become covered.***

- Member Name: \_\_\_\_\_
- Member Address: \_\_\_\_\_
- Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_
- Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY
- Email Address: \_\_\_\_\_

This Claim is for expenses incurred by me for the following expense(s) and I am attaching official receipts: (Please check all that apply). Please carefully read the Privacy Statement below as it informs you of how the information submitted may be used.

- Pre-Apprenticeship Drug and Alcohol Testing
- Annual Medical Exam

**Expense Summary**

Date Expense Incurred	Description of Expense	Amount Charged
	<b>Total Expenses</b>	\$ _____

If this is your first claim, or if your financial institution information has changed, please complete the attached Direct Deposit Authorization Form.

**Date Submitted:** \_\_\_\_\_ 20\_\_\_\_ **Members Signature:** \_\_\_\_\_

**Local Lodge #** \_\_\_\_\_

**Signature of Authorized Local Lodge Representative:** \_\_\_\_\_

**Name of Authorized Local Lodge Representative:** \_\_\_\_\_

Mail, fax or email claim form along with all official receipts to:  
**Boilermakers' National Benefit Plans (Canada) Administration Office**  
**45 McIntosh Drive Markham, Ontario, L3R 8C7**

TELEPHONE NUMBER: 1-905-946-2530 or 1-800-668-7547, FAX NUMBER: 1-905-946-2535

E-MAIL ADDRESS: [MEDICAL@BOILERMAKERSBENEFITS.CA](mailto:MEDICAL@BOILERMAKERSBENEFITS.CA)

**Privacy Statement:** The Boilermakers' National Health Plan (Canada), the Boilermakers' National Pension Plan (Canada) (together called "the Plans"), their administrator Employee Benefit Plan Services Limited, and providers working with the Plans or administrator will collect, maintain, use and disclose only the 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 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