



## BOILERMAKERS' NATIONAL HEALTH PLAN (CANADA) LOCAL LODGE REQUEST FOR REIMBURSEMENT OF PRE-APPRENTICESHIP TESTING (HEALTH RELATED) EXPENSE

Please use this form if you are an IBB Lodge (73, 128, 146, 203 or 555) that has paid for Pre-Apprenticeship Testing (health-related only) costs. *The Health Plan (the "Plan") will review the coverage status of each person listed below and reimburse the applicable Lodge for covered expenses in respect of covered Members. For those Members who are not covered by the Plan, the administrator will not reimburse immediately but will monitor the uncovered Member's work activity and reimburse the applicable Lodge when the Member becomes covered by the Plan.*

1	Apprentice/Member Name	Apprentice/Member Social Insurance Number	Pre-Apprenticeship health related only expense (attach invoice) do not provide any personal medical information	Administration office review/notes
2				
3				
4				
5				
6				
7				
8				
9				
10				
<b>TOTAL AMOUNT</b>				

Mail, fax or email this 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)

Date Submitted: \_\_\_\_\_ 20\_\_\_\_ Local/Lodge # \_\_\_\_\_

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

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

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.