

How to read your Benefit Statement - Member Information Section

BOILERMAKERS' NATIONAL BENEFIT FUNDS (CANADA)
MEMBER BENEFIT STATEMENT

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MEMBER INFORMATION **PERIOD** **DEPOSITS RECEIVED FROM _____ TO _____**

DEAR PLAN MEMBER,
 THIS STATEMENT IS A RECORD OF CONTRIBUTIONS RECEIVED ON YOUR BEHALF FOR THE PERIOD SHOWN ABOVE. INFORMATION ABOUT THE PENSION, HEALTH AND WELFARE FUNDS, AND THE PAYMENT OF AVAILABLE BENEFITS, IS DESCRIBED BRIEFLY ON THE REVERSE SIDE OF THIS STATEMENT. THIS STATEMENT IS PRODUCED BY THE ADMINISTRATION OFFICE AND IS BELIEVED TO BE CORRECT. ALL CALCULATIONS WITH RESPECT TO RETIREMENT DATES ARE BASED ON INFORMATION PROVIDED TO THE ADMINISTRATION OFFICE BY THE PLAN MEMBER AND WILL BE SUBJECT TO VERIFICATION UPON TERMINATION, DEATH OR RETIREMENT. IF YOU BELIEVE ANYTHING ON THIS STATEMENT IS INCORRECT PLEASE CONTACT THE ADMINISTRATION OFFICE.

PRIVACY STATEMENT: THE PLANS WILL COLLECT, MAINTAIN AND COMMUNICATE ONLY THE PERSONAL INFORMATION CONSIDERED NECESSARY FOR THE ADMINISTRATION OF THE PLANS. PERSONAL INFORMATION WILL BE PROTECTED PURSUANT TO THE RELEVANT LEGISLATION. THE PLANS MAY USE AND EXCHANGE INFORMATION WITH RELEVANT PERSONS OR ORGANIZATIONS, (UNIONS, HEALTH PROFESSIONALS, INSTITUTIONS INCLUDING OTHER BENEFIT AND PENSION PLANS, INVESTIGATIVE AGENCIES, INSURERS, RE-INSURERS, REGULATORS) IN ORDER TO MANAGE THE PLANS AND YOUR ENTITLEMENT TO THE BENEFITS OF THE PLANS. QUESTIONS RELATED TO THE PRIVACY POLICY OF THE PLANS SHOULD BE DIRECTED TO THE ADMINISTRATION OFFICE.

YOUR UNION INITIATION DATE	YOUR BIRTH DATE	YOUR SPOUSE'S NAME	YOUR PENSION BENEFICIARY

This Statement shows Contributions received during this period

Your name and address (Please advise the Plan if your address changes)

Date of initiation into the Union

Person you named as your Spouse may have spousal rights to Pension Benefits

If you do not have a Spouse, this person may be entitled to your Pension on your death - before retirement

Please refer to the back of the Member Benefit Statement for more detailed Pension Plan information

How to read your Benefit Statement

- Pension Fund Section

PENSION FUND CONTRIBUTIONS RECEIVED FROM YOUR EMPLOYERS FOR THIS PERIOD				DATE OF PLAN MEMBERSHIP
WORK MONTH	EMPLOYERS' NAMES	HOURS	DOLLARS	
				YEARS OF PLAN MEMBERSHIP
				VESTED (YES/NO)
				DATE VESTED
				ESTIMATED DATE OF FUTURE VESTING
				PAST SERVICE YEARS
				YOUR NORMAL RETIREMENT DATE (YOUR AGE 65)
				YOUR MONTHLY PENSION AMOUNT AT NORMAL RETIREMENT DATE (YOUR AGE 65)
				YOUR EARLIEST RETIREMENT DATE WITH PENSION REDUCTION (THE MONTH FOLLOWING YOUR AGE 55)
TOTAL PENSION CONTRIBUTIONS RECEIVED FOR THIS PERIOD				
TOTAL PENSION CONTRIBUTIONS RECEIVED PRIOR TO THIS PERIOD				
TOTAL PENSION CONTRIBUTIONS RECEIVED AT END OF THIS PERIOD				

This period's Employer Contributions are detailed here

Date you joined the Pension Plan

Number of years of Contributions received in the Pension Plan

Your entitlement to the Pension Plan

Date in which you became entitled to a Pension from the Plan. 'Yes' means you are entitled to Pension Plan Benefits. 'No' means you are not currently entitled to Pension Plan Benefits.

Estimated Date of future entitlement to a Pension from the Plan

Period in years of your membership in the Union prior to the Effective Date of the Plan (June 1971)

Month following your 65th birthday

Work Month and Year that a Contribution was made on your behalf from Contributory Employers

Hours Worked for Contributory Employers

Monthly Contribution amounts remitted on your behalf by Contributory Employers

Employers that contributed on your behalf

Month following your 55th birthday

Monthly pension you are entitled to receive if you retire at Age 65. The stated Pension is a Life Pension guaranteed to be paid for a minimum of five years

How to read your Benefit Statement

- Health and Welfare Fund Section

Work Month and Year that a Contribution was made on your behalf from Contributory Employers

Employers that contributed on your behalf

This period's Employer Contributions are used to provide your Health and Welfare Benefits

HEALTH AND WELFARE FUND CONTRIBUTIONS RECEIVED FROM YOUR EMPLOYERS FOR THIS PERIOD				YOUR WELFARE DOLLAR BANK-START OF PERIOD
WORK MONTH	EMPLOYERS' NAMES	HOURS	DOLLARS	
				TOTAL CONTRIBUTIONS FOR THIS PERIOD
				DOLLAR BANK DEDUCTIONS IN THIS PERIOD TO MAINTAIN ELIGIBILITY
				YOUR WELFARE DOLLAR BANK-END OF THIS PERIOD
				CURRENT MONTHLY DOLLAR BANK DRAW DOWN
				MAXIMUM DOLLAR BANK ALLOWED

Hours Worked for Contributory Employers

Total funds remitted for that work period

Your Dollar Bank Account balance for Welfare coverage at Statement Date

Monthly amount deducted from your Dollar Bank Account for Welfare coverage

Maximum Hourly Contributions accumulated in your Account - Maximum will provide 15 months of Benefits