



BOILERMAKERS' NATIONAL HEALTH FUND (CANADA)
 Benefit Administration Office: 45 McIntosh Drive, Markham, Ontario L3R 8C7
 Telephone Toronto Area: (905) 946-2530 Toll Free: 1-800-668-7547 Fax: (905) 946-2535
 email: questions@boilermakersbenefits.ca

HEALTH BENEFITS DIRECT DEPOSIT AND E-NOTIFICATION REQUEST

<input type="checkbox"/> INITIAL REQUEST	<input type="checkbox"/> CHANGE REQUEST
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MEMBER PERSONAL INFORMATION									
NAME:									
ADDRESS:									
CITY _____ PROVINCE _____ POSTAL CODE _____									
SOCIAL INSURANCE NUMBER: (THE USE OF THIS IS PROTECTED BY THE PLAN'S PRIVACY POLICY)									
REQUEST FOR DIRECT DEPOSIT OF BENEFITS									
To request direct deposit or to modify your banking information, PLEASE ENCLOSE A VOID CHEQUE with this request AND complete the information below. In both cases, please sign the authorization.									
DEPOSIT TO (NAME OF CO-OP/BANK OR FINANCIAL INSTITUTION) The Plan cannot deposit funds to a financial institution/bank outside Canada.									
ADDRESS OF BRANCH									
Branch Number			Institution Number				Account Number		

AUTHORIZATION:

As the beneficiary of Health benefits paid under my Health Plan, I hereby authorize the Boilermakers' National Health Fund (Canada) (the "Fund") to deposit these sums in my bank account, whose particulars appear above, and on the enclosed VOID cheque, until such time as I make a written request to the contrary. I understand that the Fund has no further obligation with regard to the benefits paid in accordance with this request. I also understand that the Fund can, without prior notice, terminate the direct deposit of benefits and issue a cheque to me. This authorization, which takes effect on date below, is valid for all other active bank accounts in this or any other financial institution that I may name in the future.

Date: (DD/MM/YYYY) _____

MEMBER'S SIGNATURE _____

REQUEST TO SUBSCRIBE TO E-NOTIFICATION RECEIVED FOR DIRECT DEPOSIT

Subscribing to e-notification means you will be notified by email of the status of your Health benefit.

To subscribe to e-notification or to change your email address, please complete the information below. Check off the ONE box that corresponds to the address where you want to receive email notifications. **SELECT ONLY ONE EMAIL ADDRESS**

	Work	Email Address:
	Home	Email Address:

Please mail completed Direct Deposit and E-Notification Request Form to the Benefit Administration Office in the enclosed postage paid envelope.

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.