



BOILERMAKERS' NATIONAL BENEFIT FUNDS (CANADA)

Administration Office
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Boilermakers' National Pension Fund (Canada) Plan Registration Number 0366708 and Boilermakers' National Health Fund (Canada)

TEMPORARY FOREIGN TRAINED WORKER BENEFITS AND PENSION ENROLLMENT

IMPORTANT: THIS ENROLLS YOU IN THE BOILERMAKERS' NATIONAL BENEFIT PLANS (CANADA) AND YOU ARE GIVING CONSENT TO THE PLANS FOR COLLECTION AND USE OF YOUR PERSONAL INFORMATION. SEE PRIVACY STATEMENT

Return this Form by Fax (00-1-905-946-2535) or by email to: questions@boilermakersbenefits.ca

TEMPORARY FOREIGN WORKER BASIC INFORMATION (PLEASE PRINT)

Your Name:			
Temporary Canadian Social Insurance Number (This is also the number that your Employer will use to report Contributions to the Plans on your behalf)			
Boilermakers' Union Registration Number			
Your HOME Address (out of Canada) (provide full address, city/town, county, Country)			
Your Email address:			
Your Date of Birth:	Month	Day	Year
Your Marital / Family Status: (Single, Married, Common Law, Separated, Divorced, Widowed)			
Name of Spouse (if applicable)			
Employer's Name (if known)			
Employment Date(s) with Employer (if known) (First date of employment)	Month	Day	Year
I agree to have my pension account invested in the Manulife balanced fund. I understand that I can change this option later by completing the necessary forms.	<input type="checkbox"/>	YES	<input type="checkbox"/>
			NO
Date this Form was completed	Month	Day	Year
Name of person who completed this Form			

By signing below, I hereby certify that the information provided is true to the best of my knowledge, and consent to the collection, maintenance, use and disclosure of my personal information as described in the Privacy Statement below. I acknowledge that providing my consent will allow access to the information required to assess my benefit eligibility and entitlement, and that refusing to consent may result in delay or denial of my request and/or benefit. This consent may be revoked by me at any time by sending written instructions to the Plans' Administration Office.

I consent to the collection, use and disclosure of my personal information ___ YES ___ NO

Worker's Signature and Consent

Date

Privacy Statement: I authorize 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 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

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