



BOILERMAKERS' NATIONAL BENEFIT FUNDS (CANADA)

MEMBER INFORMATION FORM

IMPORTANT NOTE: Please fill out this form completely. The information provided on this form will replace information provided on all earlier Member Information Forms or Application Cards. You must notify us of any changes to the information below.

MEMBER'S PERSONAL INFORMATION

NAME: LAST		FIRST / MIDDLE			SOCIAL INSURANCE NUMBER				
APT. NO.	NUMBER / STREET		CITY		PROVINCE		POSTAL CODE		
EMAIL			TELEPHONE			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary			
DATE OF BIRTH		LODGE NUMBER	IBB REGISTRATION #	LODGE INITIATION OR LATEST REINSTATEMENT DATE		MARITAL STATUS			
MONTH	DAY	YEAR		MONTH	DAY	YEAR	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		

Please indicate your marital status.

MARITAL STATUS

If you are married, please provide date of marriage: _____

If you are Separated or Divorced, please provide a copy of your Divorce/Separation Agreement.

If you are in a Common-Law relationship, please complete the following statement:

I do hereby declare that _____ (spouse's name - please print) is my Common-Law Spouse with whom I have been cohabiting

since _____ (date cohabitation commenced) and whom I publicly represent as my Spouse.

_____ (Your Signature)

The definition of Common-Law varies across provinces. Please see our website at www.boilermakersbenefits.ca/forms for details.

This signature is only required if member is in a Common-Law relationship.

PERSONAL INFORMATION ABOUT MEMBER'S DEPENDANTS - INCLUDING SPOUSE

Please list Dependants for benefit coverage below. Common-Law spouses are eligible for **benefits** if they have been living together in a conjugal relationship for 24 consecutive months.

NAME: LAST	FIRST / MIDDLE	DATE OF BIRTH			SEX M/F/NB	RELATIONSHIP
		MONTH	DAY	YEAR		

Please list your spouse and dependant children under the age of 21, or under the age of 25 if in attendance at an accredited school. Child dependants over the age of 25 and incapable of self-support may also be covered. Please see the [benefits booklet](#) on the website for details

COORDINATION OF BENEFITS

If your employer is participating in the Health Plan, please complete this section.

Is benefit coverage available to you and/or Dependants from another plan(s)? Yes ___ No ___

If Yes, please provide:
Name of individual(s) covered as the member under the other plan(s): _____

Relationship (ie: spouse, ex-spouse, step-parent to my Dependants, guardian to my Dependants): _____

Name of other plan(s): _____

Family Coverage ___ Single Coverage ___

If you or your spouse/dependants are covered under any other benefit plan, please provide the information here

Does the other benefit plan provide coverage for your whole family, or just the individual listed?

COMPLETE BOTH SIDES AND RETURN TO THE PLAN ADMINISTRATION OFFICE

45 McIntosh Drive, Markham, Ontario L3R 8C7 - www.boilermakersbenefits.ca

Revised July 2022

HEALTH BENEFICIARY – BOILERMAKERS' NATIONAL HEALTH FUND (CANADA) (IF APPLICABLE)

Life Insurance and Accidental Death and Dismemberment

If your employer is participating in the Health Plan, please complete this section.

First and Last Name: _____ **Relationship:** _____

Address: _____ **Province:** _____ **Postal Code:** _____

Phone: _____ **Email:** _____

If the above named beneficiary predeceases me, my contingent beneficiary is listed below. Please note, you can list as many contingent beneficiaries as you want. Unless you specify a distribution to the beneficiaries the Plan will divide the applicable sum evenly. If your primary beneficiary predeceases you and no contingent beneficiary has been appointed, benefits payable are paid to your Estate.

Name(s): _____ **Relationship:** _____

PENSION BENEFICIARY – BOILERMAKERS' NATIONAL PENSION FUND (CANADA) *Pension Plan Registration Number: 0366708*

If your employer is participating in the Pension Plan, please complete this section.

First and Last Name: _____ **Relationship:** _____

Address: _____ **Province:** _____ **Postal Code:** _____

Phone: _____ **Email:** _____

If the above named beneficiary predeceases me, my contingent beneficiary is listed below. Please note, you can list as many contingent beneficiaries as you want. Unless you specify a distribution to the beneficiaries the Plan will divide the applicable sum evenly. If your primary beneficiary predeceases you and no contingent beneficiary has been appointed, benefits payable are paid to your Estate.

Name(s): _____ **Relationship:** _____

In the event of your death, your spouse is automatically the first person eligible to receive a pension benefit unless a spousal waiver is on file, no matter who you designate as a beneficiary. Your beneficiary will become eligible for benefits only if you do not have a spouse on your date of death.

Caution: Your designation of a beneficiary by means of this Member Information Form will not be revoked or changed automatically by any future event (including marriage or divorce) unless required by law or regulation. Should you wish to change your beneficiary, you must do so by completing a new Member Information Form.

APPOINTMENT OF TRUSTEE - FOR MINOR CHILDREN

I hereby appoint the name listed below as a Trustee to receive any amount(s) payable to any Beneficiary under the Age of Majority.

Name: _____ **Relationship:** _____

CONSENT AND COMPLETION

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 Plan Administration Office.

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

This form requires a witness who is not your spouse or beneficiary to sign where indicated.

Signature and Consent: _____ **Date:** _____

Witness Signature: _____ **Witness Printed Name:** _____

Witness Telephone: _____ **Witness address:** _____

Witness Email: _____

Please ensure that your signature is witnessed by someone other than your Spouse or Beneficiary.

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.

COMPLETE BOTH SIDES AND RETURN TO THE PLAN ADMINISTRATION OFFICE