



BOILERMAKERS' NATIONAL BENEFIT FUNDS (CANADA)

Administration Office
45 McIntosh Drive, Markham, Ontario L3R 8C7
Tel: 905-946-2530 • Fax: 905-946-2535

Administration Office
15220-114 Avenue, Edmonton, AB, T5M 2Z2
Tel: 780-455-3502 • Fax: 780-488-7423

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

Consent to Communicate Information to an Authorized Person

Section 1: Your consent (you must complete and sign this section)

I hereby give my consent for the Boilermakers' National Benefit Plans (Canada) to communicate **personal information on my behalf** and to act on information received from the **authorized person, named in Section 2, concerning medical/dental/pension benefits, payments, income, contributions and changes to my address** (excluding the address where my cheque is mailed or the bank account where the payment is deposited) on the programs below

Check application box(es) Medical/Dental Plan Pension Plan

This consent form **does not provide authority** to the person to apply for benefits on my behalf or to change my payment address (the address where my cheque is mailed or the bank account where the payment is deposited). I understand that this consent remains valid unless I cancel it in writing.

Member's Name (please print): _____

Member's Signature: _____ Date: _____

Witness to Member's Signature (may not be the Authorized person): _____

Section 2: The person who you would like us to communicate with must complete and sign below:

Name: _____
First Name Family Name

Telephone number: _____ other: _____

Complete mailing address: _____

I understand that I can communicate with the Boilermakers' National Benefit Plans (Canada) on the program(s) checked off above to give and receive personal information on the behalf of the person named in Section 1. I also understand that I **do not have the authority** to apply for a benefit or to change the payment address (the address where the cheque is mailed or the bank account where the payment is deposited).

Signature: _____
Authorized Person Date

Printed Name: _____

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.