BOILERMAKERS' NATIONAL HEALTH AND WELFARE 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

◯ INITIAL REQUEST ◯ CHANGE REQUEST

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 be
In both cases, please sign the authorization.

DEPOSIT TO (NAME OF CANADIAN 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 and Welfare Plan, I hereby authorize the Boilermakers' National Health and Welfare 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 PLANs WILL COLLECT, MAINTAIN AND COMMUNICATE ONLY THE PERSONAL INFORMATION CONSIDERED NECESSARY FOR THE ADMINISTRATION OF THE PLAN. PERSONAL INFORMATION WILL BE PROTECTED PURSUANT TO THE RELEVANT LEGISLATION. THE PLAN MAY USE AND EXCHANGE INFORMATION WITH RELEVANT PERSONS OR ORGANIZATIONS (INSTITUTIONS, INVESTIGATIVE AGENCIES, THE UNION, TRUSTEES, INSURERS, RE-INSURERS, AUDITORS, REGULATORS) IN ORDER TO MANAGE THE PLAN AND ENTITLEMENT TO THE BENEFITS OF THE PLAN. QUESTIONS RELATED TO THE PRIVACY POLICY SHOULD BE DIRECTED TO THE BENEFIT ADMINISTRATION OFFICE.*

BM/10/23/2013