BOILERMAKERS' NATIONAL BENEFIT FUNDS (CANADA) - ISO DIVISION

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	
		☐ Male ☐ Female ☐ Non-binary

DATE OF BIRTH (MONTH / DAY / YEAR)	LODGE NUMBER	IBB REGISTRATION #	LODGE INITIATION OR LATEST REINSTATEMENT DATE (MONTH / DAY / YEAR)	MARITAL STATUS
				☐ Single ☐ Married ☐ Widowed ☐ Common-Law ☐ Separated ☐ 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.

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

_____ (Your Signature)

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

PERSONAL INFORMATION ABOUT MEMBER'S DEPENDANTS - INCLUDING SPOUSE

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

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 MONTH	DAY	YEAR	SEX M/F/NB	RELATIONSHIP

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

COORDINATION OF BENEFITS

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

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

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): _____.

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

Family Coverage ☐ Single Coverage ☐

COMPLETE BOTH SIDES AND RETURN TO THE PLAN ADMINISTRATION OFFICE

45 McIntosh Drive, Markham, Ontario L3R 8C7

www.boilermakersbenefits.ca

Revised Jan. 2021

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

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

Life Insurance and Accidental Death and Dismemberment

The person(s) named as your Health Beneficiary will be the recipient of your life insurance payment (if applicable)

BENEFICIARY NAME: LAST	FIRST / MIDDLE	RELATIONSHIP

APT. NO.	NUMBER / STREET	CITY	PROVINCE	POSTAL CODE

If the above named beneficiary predeceases me, my contingent beneficiary is:

TELEPHONE

_____

If no contingent beneficiary has been appointed, benefits payable are paid to your Estate.

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

PENSION BENEFICIARY – BOILERMAKERS' NATIONAL PENSION FUND (CANADA)

Pension Plan Registration Number 0366708

The person(s) named as your Pension beneficiary will be the recipient of any remaining pension benefit Upon your death (depending on the option you select when you retire). Please see the pension booklet on the website for details.

BENEFICIARY NAME: LAST	FIRST / MIDDLE	RELATIONSHIP

APT. NO.	NUMBER / STREET	CITY	PROVINCE	POSTAL CODE

If the above named beneficiary predeceases me, my contingent beneficiary is:

TELEPHONE

_____

If no contingent beneficiary has been appointed, benefits payable are paid to your Estate.

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.

The person named as a Trustee will receive any benefits payable on behalf of your beneficiary(ies), if they are under the age of majority at the time of your death (not applicable in Quebec).

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

Trustee's Name _____ Relationship _____

first name, last name

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

_____ _____

Signature and Consent **Date**

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

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

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

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

_____

Witness Email: _____ _____

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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