



# BOILERMAKERS' NATIONAL HEALTH AND WELFARE PLAN (CANADA) ANNUAL MEDICAL EXAM BENEFIT PHYSICIAN'S CONFIRMATION

**Note:** The Plan has agreed to pay the covered Plan member up to \$50.00 to provide this completed Form. Please complete all information and attach the receipt showing the fee you (the Member) paid the physician to complete this Form. Please note the Plan does not pay for the cost of the medical exam. The Plan does not/will not receive any personal information about your medical exam. The Plan only requires confirmation that you had a medical exam.

**Please print or complete the fillable form available online.**  
**Reimbursement payments will be issued to the Member.**  
**Please provide a copy of the physician's receipt.**

## PHYSICIAN'S INFORMATION

**PHYSICIAN'S NAME:** \_\_\_\_\_  
Last Name First Name

**PHYSICIAN'S ADDRESS:** \_\_\_\_\_  
Suite/Apt. No. Street Number Street Name  
\_\_\_\_\_  
City Province Postal Code

**TELEPHONE NUMBER:** ( ) \_\_\_\_\_ - \_\_\_\_\_

## PHYSICIAN'S CONFIRMATION

**I, DR.** \_\_\_\_\_ **CONFIRM THAT THE FOLLOWING PLAN MEMBER** \_\_\_\_\_  
Physician's Name Plan Member Name

**HOME ADDRESS:** \_\_\_\_\_  
Suite/Apt. No. Street Number Street Name  
\_\_\_\_\_  
City Province Postal Code

**HAS BEEN GIVEN AN ANNUAL MEDICAL EXAMINATION BY ME.**

**Signed:** \_\_\_\_\_ (Physician's Signature)

**Date:** \_\_\_\_\_

**Please mail or e-mail this form and the physician's receipt to the Plan Administration Office**  
45 McIntosh Drive, Markham, Ontario L3R 8C7, Telephone: (905) 946-2530 Toll Free: 1-800-668-7547 Fax: (905) 946-2535  
E-mail: [medical@boilermakersbenefits.ca](mailto:medical@boilermakersbenefits.ca)

**Privacy Statement:** The Plan 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 applicable legislation. The Plan may use and exchange information with relevant persons or organizations (health professionals, institutions, investigative agencies, insurers, re-insurers, regulators, legal counsel, employers) 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 Privacy Officer.

**IBB SEPT 18, 2018**