



BOILERMAKERS' NATIONAL HEALTH AND WELFARE PLAN (CANADA) PRE-APPRENTICESHIP DRUG AND ALCOHOL TESTING / ANNUAL MEDICAL EXAM MEMBER CLAIM FORM

Please use this form if you are a pre-apprentice member of IBB Lodge (73, 128, 146, 203 or 555) that has paid for Pre-Apprenticeship Testing (drug and alcohol testing only) costs. Please note if you are not covered by the Plan when the expense is submitted your claim will be paid when you become covered.

- Member Name: _____
- Member Address: _____
- Province: _____ Postal Code: _____
- Telephone Number _____ Date of Birth ____/____/____
MM DD YYYY
- Email Address: _____

This Claim is for expenses incurred by me for the following expense(s) and I am attaching official receipts: (Please check all that apply). Please carefully read the Privacy Statement below as it informs you of how the information submitted may be used.

- Pre-Apprenticeship Drug and Alcohol Testing
- Annual Medical Exam

Expense Summary

Date Expense Incurred	Description of Expense	Amount Charged
	Total Expenses	\$ _____

If this is your first claim, or if your financial institution information has changed, please complete the attached Direct Deposit Authorization Form.

Date Submitted: _____ 20____ Member's Signature: _____

Local Lodge # _____

Signature of Authorized Local Lodge Representative: _____

Name of Authorized Local Lodge Representative: _____

Mail, fax or email claim form along with all official receipts to:
Boilermakers' National Benefit Plans (Canada) Administration Office
45 McIntosh Drive Markham, Ontario, L3R 8C7

TELEPHONE NUMBER: 1-905-946-2530 or 1-800-668-7547, FAX NUMBER: 1-905-946-2535

E-MAIL ADDRESS: MEDICAL@BOILERMAKERSBENEFITS.CA

PRIVACY STATEMENT: THE PLANS WILL COLLECT, MAINTAIN AND COMMUNICATE ONLY THE PERSONAL INFORMATION CONSIDERED NECESSARY FOR THE ADMINISTRATION OF THE PLANS. PERSONAL INFORMATION WILL BE PROTECTED PURSUANT TO THE APPLICABLE LEGISLATION. THE PLANS MAY USE AND EXCHANGE INFORMATION WITH RELEVANT PERSONS OR ORGANIZATIONS (INSTITUTIONS, INVESTIGATIVE AGENCIES, THE UNION ("IBB"), TRUSTEES, INSURERS, RE-INSURERS, AUDITORS, REGULATORS) IN ORDER TO MANAGE THE PLANS AND ENTITLEMENT TO THE BENEFITS OF THE PLANS. QUESTIONS RELATED TO THE PRIVACY POLICY SHOULD BE DIRECTED TO THE PLAN'S ADMINISTRATION OFFICE.

04/18/2017