



BOILERMAKERS' NATIONAL BENEFIT FUNDS (CANADA)

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

RETIREE HEALTH BENEFITS WAIVER/RELEASE FORM

I _____ (printed member name) understand and acknowledge that I am being offered retiree benefits under the Boilermakers' National Health Plan (Canada) (the "Plan") and that these benefits, including but not limited to, life insurance and health benefits may not be offered or available to me under any other benefit plan ("Retiree Benefits"). I agree and acknowledge that I have had the opportunity to obtain and consider any and all information relevant to the Retiree Benefits being offered to me under the Plan.

I hereby irrevocably decline enrollment in the Retiree Benefits and I understand that as a consequence of my decision to so decline Retiree Benefits I will not be permitted to enroll in Retiree Benefits at any time in the future. I further understand that if I sign this waiver, I forever relinquish any right to obtain Retiree Benefits under the Plan on behalf of myself, my spouse and dependents (if any) under the Plan.

I have provided a copy of this waiver/release to my spouse _____ (printed name of spouse) and he/she understands and acknowledges that by signing this waiver/release my spouse is also irrevocably waiving enrollment to Retiree Benefits, including any Retiree Benefits that may have been available to my spouse after my death.

I, the undersigned (member and spouse, if any), on my own behalf and on behalf of my successors and assigns, hereby forever release and discharge the Plan, the Boilermakers' National Health Fund (the "Fund"), the Fund's Trustees (past and present) and its agents and service providers (the "Releasee") from any and all claims, actions or complaints that I may have under applicable legislation, contract or common law, whether known or unknown, related to or arising out of the execution of this waiver/release and the rights and entitlements waived and released herein ("Claims"). I further agree that this waiver/release may act as a full and complete bar to any Claims that I have or may have against the Releasee to date or hereinafter.

I, the undersigned (member and spouse, if any), agree and acknowledge that I have had the opportunity to obtain independent legal advice prior to signing this waiver/release and that I am signing this waiver/release voluntarily and without duress or coercion.

Member Signature: _____ Dated: _____

Spousal Signature (if any): _____ Dated: _____

Witness Name: _____

Witness Signature: _____

(Witness may not be the member or the spouse)

Witness address and email: _____

Date signatures witnessed: _____

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.