



BOILERMAKERS' NATIONAL BENEFIT PLANS (CANADA)

Benefit Administration Office: 45 McIntosh Drive, Markham, Ontario L3R 8C7
Telephone (905) 946-2530 Toll Free: 1-800-668-7547 Fax: (905) 946-2535
Email: questions@boilermakersbenefits.ca

HEALTH AND PENSION DIRECT DEPOSIT AND E-NOTIFICATION REQUEST

☐

Initial Request

☐

Update

Please use this banking information for: ☐ Health ☐ Pension

MEMBER PERSONAL INFORMATION

NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

SOCIAL INSURANCE NUMBER:

(THE USE OF THIS IS PROTECTED BY THE PLAN'S PRIVACY POLICY)

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REQUEST FOR DIRECT DEPOSIT OF BENEFITS

To request direct deposit or to modify your banking information, **PLEASE ENCLOSE A VOID CHEQUE OR ACCOUNT PRINTOUT FOR DIRECT DEPOSIT** with this request AND complete the information below. In both cases, please sign the authorization.

DEPOSIT TO (NAME OF BANK OR FINANCIAL INSTITUTION)

ADDRESS OF BRANCH

BRANCH NUMBER

INSTITUTION NUMBER

ACCOUNT NUMBER

AUTHORIZATION:

As the beneficiary of Health and/or Pension benefits paid by the Boilermakers' National Benefit Plans (Canada), I hereby authorize the Boilermakers' National Benefit Plans (Canada) (the "Funds") 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 Funds has no further obligation with regard to the benefits paid in accordance with this request. I also understand that the Funds 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 and/or Pension benefits.

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**

<input type="checkbox"/>	Work	Email Address: _____
<input type="checkbox"/>	Home	Email Address: _____

Please mail or email completed Direct Deposit and E-Notification Request Form to the Benefit Administration Office. **See page 2 for instructions to encrypt and email this form.**

Privacy Statement: 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 will collect, maintain, use and disclose only the 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 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.



BOILERMAKERS' NATIONAL BENEFIT FUNDS (CANADA)

Administration Office
45 McIntosh Drive, Markham, Ontario L3R 8C7
Tel: 905-946-2530 • Fax: 905-946-2535

Administration Office
15220-114 Avenue, Edmonton, AB, T5M 2Z2
Tel: 780-455-3502 • Fax: 780-488-7423

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

HOW TO ENCRYPT THIS DOCUMENT

Encryption is a must for sending personal information. You only need to use one method of encrypting a document. **If you have another way to encrypt documents, please do so if it is a trusted method of secure encryption.**

Option 1: Using Adobe's Free Online Tool

1. **Click the below link to open Adobe's Online PDF Protection Tool**
 - o [Adobe Protect PDF](#)
2. **Upload Your PDF File**
 - o Click on **"Select a file."**
 - o **Windows:** Search for this file in File Explorer.
 - o **Mac:** Search for this file in Finder.
 - o Select this PDF file and click **Open**.
3. **Set Your Password**
 - o Enter and confirm your password.
4. **Apply the Password**
 - o Click on **"Apply"**.
5. **Download the Password-Protected PDF**
 - o Click on **"Download"**.
 - o **Windows:** Find the protected file in the "Downloads" folder.
 - o **Mac:** Find the protected file in the "Downloads" folder.

Option 2: Using Paid Versions of Adobe Acrobat or Foxit PDF Editor Pro

Adobe Acrobat (Paid Version)

1. **Password Protect the PDF**
 - o Click on **Tools** in the top menu.
 - o Select **Protect**.
 - o Click on **Encrypt** and then **Encrypt with Password**.
 - o Enter and confirm your password.
 - o Click **OK** and save the file.

Foxit PDF Editor Pro (Paid Version)

1. **Password Protect the PDF**
 - o Click on **Protect** in the top menu.
 - o Select **Secure Document**.
 - o Click on **Password Protect**.
 - o Enter and confirm your password.
 - o Click **OK** and save the file.

Once you have password-protected this document. You may email this document to the Plan Administration Office. Do not include the password to the document in the email. To share the password, call the Plan Administration Office at 905-946-2530.