LiUNA!care LOCAL 506™
BUILDING HEALTHY FUTURES

DISABILITY SELF PAY EXTENSION FORM

Ù^}åÁ[KÁLiUNAcare Local 506 | 3750 Chesswood Drive, Suite 1 | Toronto, ON M3J 2W6
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A Member Information (*Please Print*)

First Name	Last Name	Gender	Male Female
Address		Birth Date (yyyy/mm/dd)	
Town/City	Province	Postal Code	
Member Advantage Benefit Card ID (last 10 digits) **or** Social Insurance Number (SIN)		Country	
Email Address		Telephone No.	
Marital Status	Married / Common-Law / Single / Separated / Divorced / Widow	Cell No.	

B Claim Information (*Please Print*)

Proof of your W.S.I.B. / L.T.D. / C.P.P. Claim MUST be attached

Claim Type: W.S.I.B. L.T.D. C.P.P.

Claim No.: ______________________________

Are you currently working? Yes No

If yes, please provide information below.

Company Name		Address	
Company Phone No.	Postal Code	City	Province

Reasons for not working: ______________________________

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C Member Disclosure Authorization

A false or fraudulent statement on this application form will result in the denial of benefits and/or legal action.

PLEASE NOTE: Upon approval, there will be **NO** coverage for the following benefits:

- **Accidental Death & Dismemberment**
- **Occupational Accidental Death & Dismemberment**
- **Permanent & Total Disability Accident**
- **Bereavement Pay**
- **Parental Leave**
- **Jury Duty**

Member Name: ______________________________ Date: ____________________
(Print Name)

Member Signature: ______________________________ Witness: ____________________

Please complete, print, sign, and return by fax at 416.506.8833 **OR** email to info@liunacare506.com