

LIUNA! LOCAL 506 GROUP LEGAL ENROLLMENT FORM

Social Insurance Number

506 Union Number

This section is to be completed by the plan member. Please print clearly in ink.

1 Member Information - *Must be completed in full*

Last Name:		First Name:		Middle Name:			
Address:		City:		Province:		Postal Code:	
Male: <input type="checkbox"/> Female: <input type="checkbox"/>		Married/Common Law: <input type="checkbox"/> Single: <input type="checkbox"/>		Date of Marriage/Cohabitation: MM / DD / YYYY		Date of Birth: MM / DD / YYYY	
Home Phone #:		Cell #:		Email:			
Preferred Language:				Preferred Method of Contact : Letter: <input type="checkbox"/> Email: <input type="checkbox"/> Phone: <input type="checkbox"/>			

2 Dependent Information (Spouse) - *Must be completed in full, if applicable.*

Last Name:		First Name:		Middle Initial:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Date of Birth: MM / DD / YYYY	
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3 Dependent Children - *Must be completed in full, if applicable.*

Last Name	First Name	Middle Initial	Date of Birth	Sex	Full Time Student	Disabled Dependent
			MM / DD / YYYY	M/F	Yes/No	Yes/No
			MM / DD / YYYY	M/F	Yes/No	Yes/No
			MM / DD / YYYY	M/F	Yes/No	Yes/No
			MM / DD / YYYY	M/F	Yes/No	Yes/No

4 Member Signature

Signature: _____ Date: MM / DD / YYYY

SPOUSE

A dependent spouse or common law to be eligible as your dependent must be residing at the same address as the member for a period of 1 year or more to qualify for benefits or joined by virtue of a valid civil or religious ceremony.

DEPENDENTS

Dependent children must be age 20 years of age or younger (children from 21 years of age but under age 25) will be covered provided they are attending an accredited school, college, or university as a full time student provided annual proof of student registration is submitted.

COLLECTION OF PERSONAL INFORMATION

Benefit Plan Administrators Limited (BPA) on behalf of the Trust Fund collects personal information from you, your employer or your former employer, and your union local, to determine your eligibility and benefit entitlements under your plan. Your employment history may be shared with your union for the purpose of monitoring the contributions required to be made under the terms or the Collective Agreement. Your personal information is kept confidential and safeguarded. BPA will only release relevant personal information to your eligible dependents specific to their benefit entitlements. Your personal information (and the personal information of your dependents) may be disclosed to insurance carriers, auditors and other benefit providers so that they can perform services in connection with the administration on the Plan. Disclosure will be limited to the specific information required for a particular purpose. Personal information may also be disclosed as required or permitted by law. I understand that my social insurance number will be kept in strictest confidence and will only be used for income tax reporting purposes and to match my information with the correct member file. I consent to the collection, use and disclosure of personal information as stated above. I hereby apply for participation in the Trust Fund.

Please complete all sections in detail and sign Section 4 of this application. Any benefits to which you may be entitled under your Benefit Plan may not be paid until this card is completed, dated, signed and filed with the Plan Administrator. A new card is required to change any information.

Contact Us

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