

REPLACEMENT MEMBER ADVANTAGE CARD APPLICATION

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A Member Information (Please Print)

First Name	Last Name	Gender	Male	Female
Address		Date of Birth (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 Replacement Member Advantage Benefit Card (Please Print)

My Member Advantage Benefit Card was:

Lost
 Stolen
 Damaged
 Never Received

Other (Please specify): _____

Member Advantage Benefit Card for:

Member
 Member Name: _____
 Member's Date of Birth: _____

Spouse
 Spouse's Name: _____
 Spouse's Date of Birth: _____

C Member Disclosure Authorization (Please Print)

THE MEMBER ADVANTAGE BENEFIT CARD IS NOT TO BE PASSED ON OR TO BE USED BY ANYONE OTHER THAN YOURSELF OR YOUR APPROVED DEPENDENTS UNDER YOUR COVERAGE.

Member Name: _____ (Please Print) Date: _____

Member Signature: _____ Witness: _____

OFFICE USE ONLY

Group No.: _____ No. of Requests: _____