LiUNA!care LOCAL 506 TM
BUILDING HEALTHY FUTURES

RETIREE PROGRAM WITHDRAWAL NOTIFICATION FORM

Send to: LiUNAcare Local 506 | 3750 Chesswood Drive, Suite 1 | Toronto, ON M3J 2W6
P: 416.506.8841 | F: 416.506.8833 | w: www.liunacare506.com | e: info@liunacare506.com

A. Member Information (*Please Print*)

First Name Last Name	Gender ○ Male ○ Female
Address	Date of Birth (m/d/y)
City Province	Postal Code
Member Advantage Benefit Card ID (last 10 digits) **or** Social Insurance Number (SIN)	Country
Email Address	Cell No.
Are you the (please check one) ○ Member ○ Estate ***(Please complete Section B)**	Telephone No.

B. Estate Information *

Last Name	First Name	Birth Date Day	Month	Year	Retiree Benefit Program
					Policy # 177709

C. Disclosure

I, _____, hereby instruct that coverage under the above policy is to be **TERMINATED** effective on _____.
(mm/dd/yyyy)

I understand that once I withdraw from the program, I am unable to re-enter at a later date.
There will be no exceptions to this policy.

D. Member or Estate Authorization

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

OFFICE USE ONLY

Month of Termination of Benefits:_____

Administrator Signature:_____ Date: _____

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