

JOINT ELECTRICAL INDUSTRY'S WELFARE PLAN

1. Please complete in ink and print clearly. Please fill in all information.
2. LIFE INSURANCE BENEFICIARY - Enter the name of your beneficiary for the Group Life Insurance benefit.
Note: This card is for the Health and Welfare Plan only and will **not** update your beneficiary on your Pension Plan.
3. DEPENDENTS - List all eligible dependents including your Spouse*
*Spouse means: a) a person to whom you are legally married to,
or b) a person with whom you are living in a Common-Law relationship.
Dependent children: Please list your eldest child first.
4. **For any future changes, a new enrolment card must be completed and can be obtained from your Union office or the Administrator's office.**
5. Please ensure this card is completed in full and is signed and dated. Please forward the completed card to the Administrator:

D.A. TOWNLEY
& ASSOCIATES LTD.

101 - 4190 Lougheed Highway, Burnaby, BC V5C 6A8
Phone: (604) 299-7482 Fax: (604) 299-8136 Toll-Free: 1-800-663-1356
www.datownley.com

If you are covered for the Medical Services Plan of BC (MSP) through this Plan, you must complete a separate application or change form to update your MSP coverage.

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Administrator:
D.A. TOWNLEY
& ASSOCIATES LTD.

REVISED CARD - CHECK HERE

ENROLMENT CARD AND BENEFICIARY DESIGNATION

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Please ensure this card is completed in full and that you have signed and dated it. Note: This card is for the Health & Welfare Plan only and will **not** update your beneficiary on your Pension Plan. If you are covered for the Medical Services Plan of BC (MSP) through this Plan, you must complete a separate application or change form to update your MSP coverage. When card is fully completed - mail to the Administrator of the Plan.

MEMBER INFORMATION - Please print clearly

SURNAME		FIRST NAME		INIT.	PHARMACARE REGISTRATION NO.
SOCIAL INSURANCE NUMBER	BIRTHDATE (Yr.Mo.Day)	PHONE NUMBER ()		SEX	

ADDRESS (No. Street, City, Province, Postal Code)

BENEFICIARY DESIGNATION
I hereby appoint _____ (if living, otherwise my estate) as revocable beneficiary of any insurance payable in the event of my death, under the terms of the contract or contracts held by the Trustees.
Beneficiary relationship: _____

To Protect Your Privacy: In order to verify your identity when you call the Administrator, please provide a personal fact or question along with the answer that only you would be able to answer. (i.e., your mother's maiden name, place of birth, etc.)
Question: _____ Answer: _____

I authorize the use of my Social Insurance Number for identification purposes and I understand that D.A. Townley & Associates Ltd. collects personal information to assess eligibility for benefits; to determine and adjudicate benefits; to determine the cost and financially manage these benefits as well as to meet regulatory or contractual requirements and any Trust obligations relating to such benefits and related services provided.
DATE: _____ MEMBER'S SIGNATURE: _____

Completion of this card does not, in itself, entitle a Member to benefits. (Refer to the Plan booklet for details about becoming eligible for benefits)

DEPENDENT INFORMATION - List all eligible dependents

FIRST NAME	SURNAME (if different from Member's)	RELATIONSHIP TO MEMBER	BIRTHDATE (Yr.Mo.Day)	STUDENT Y/N
01 Spouse*				
02 Dependent Children (eldest first)				
03				
04				
05				
06				
07				

CO-ORDINATION OF BENEFITS:

Are you covered by another benefit plan (ie: your Spouse's plan)? NO YES
If YES, benefits covered: _____, Spouse's SIN: _____
Policy No (s) _____ Insurance Carrier: _____

If adding a Spouse,
Date of marriage: _____
If adding a Common-Law Spouse,
Date of commencement of Common-Law relationship _____
If adding children over the age of 19, indicate school they are attending full-time:

* Common-Law Spouses and their children **may be** covered with a minimum co-habitation period which is outlined in your group policy.