

# MILLWORKERS HEALTH & WELFARE PLAN (CEP)

**D.A. TOWNLEY**  
& ASSOCIATES LTD.

101 - 4190 Lougheed Highway  
Burnaby BC V5C 6A8  
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REVISED CARD - CHECK HERE

## ENROLMENT CARD AND BENEFICIARY DESIGNATION

Please ensure this card is completed in full and that you have signed and dated it. 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		BIRTH DATE (Yr. Mo. Day)		PHONE # ( )	MARITAL STATUS
ADDRESS (No. Street, City, Province, Postal Code)					
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Union Local		Initiation Date	

### 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: \_\_\_\_\_

### CO-ORDINATION OF BENEFITS

Are you covered by another benefit plan (i.e., your Spouse's plan)?  NO  YES

If YES, benefits covered: \_\_\_\_\_, Spouse's SIN: \_\_\_\_\_

**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:** \_\_\_\_\_

### DEPENDENT INFORMATION - List all eligible dependents

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

*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:  
\_\_\_\_\_