

MACHINISTS, FITTERS AND HELPERS INDUSTRIAL UNION LOCAL NO. 3 BENEFIT PLAN

On behalf of Members of
Machinists Local 3
Labourers Local 1204
Riggers Local 643

4250 Canada Way
Burnaby, BC V5G 4W6
Telephone: 604-299-7482 Fax 604-299-8136
Toll Free 1-800-663-1356

Group Policy No. _____

Employer _____

Federal Income Tax Act provision states that my taxable income shall include any benefits received under my Employer's Disability insurance plan. I hereby consent to the withholding of Federal Income Tax from any benefits payable to me for this claim to the extent that such tax applies to such benefits.

10%

15%

20%

(Date)

(Print Member Name)

(Witness Signature)

(Member Signature)